

DENTISTRY  
14 1949  
SEPTEMBER 1949

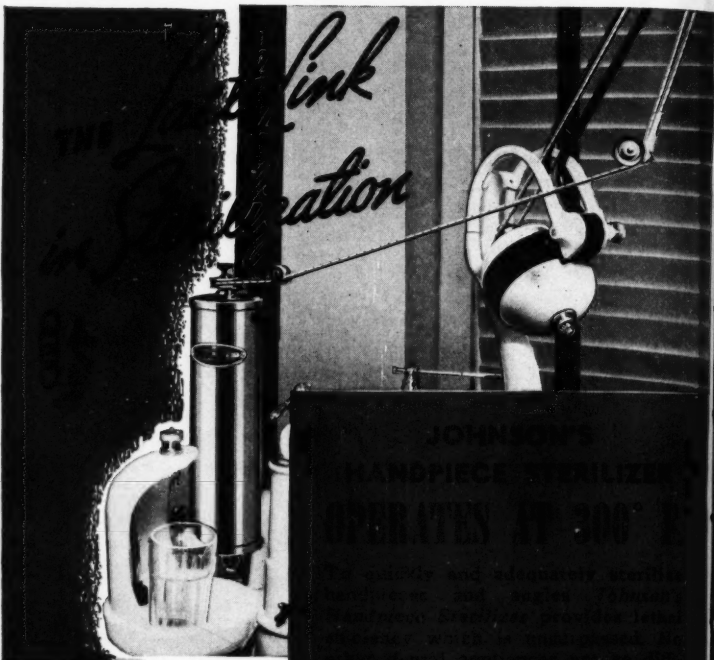
# Oral HYGIENE

*In This Issue:*

## TRIVIAL DENTISTRY

The Eighth Annual Dental Review, Detroit,  
Michigan, November 2-3, Hotel Book Cadillac.





*The Link  
in  
Sterilization*

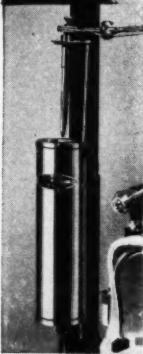
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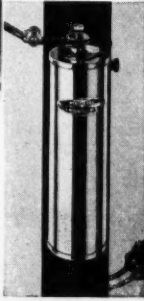
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**By Mass**

## **The Publisher's CORNER**

**No. 338**



### **ICY ITEMS**

NEXT MONTH, it will be exactly a year since the CORNER told about Doctor E. T. Hunt, dentist for the International Grenfell Association of Newfoundland. Last year's October CORNER was written on a hot August day when Doctor Hunt was "probably shivering in northern Labrador."

This present CORNER is being written during hot and humid July. Doctor Hunt just sent along some extracts from his diary. Today it's nice to air-condition oneself by reading of the frozen North—of dog-drawn sledges skimming over the hard-packed snow, of below-zero temperatures and other icy items. The doctor's letter just arrived; it took only ten days to come by air from Newfoundland to which he had just returned. But it answered one of mine written over a year ago. Doctor Hunt had been traveling, had had no mail for many months.

His practice is spread over much of Newfoundland and Labrador. Most of the people are of English descent, along with some Indians, and, 'way up north, the Eskimos. The main



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occupation is fishing, although there is some trapping, and a few jobs for lumberjacks. "At best," says Doctor Hunt, "the means of livelihood are precarious. Most of them lead a hand-to-mouth existence."

In general, dental conditions are pretty terrible. Doctor Hunt tells ORAL HYGIENE that "the absence of cleanliness, coupled with the sticky carbohydrate diet, causes rampant caries among the Coast people. The comparison with people in England, for example, is staggering: girls who have to wear dentures because their teeth have decayed to the gum line; the majority of people over twenty-five with molars impossible of restoration. It is shocking." The people's diet is mainly to blame, Doctor Hunt points out.

For the whole area, the staple foods are bread, tea, molasses, margarine, and salt pork, along with a small amount of sugar, canned milk, meat, and fruit. This diet is sometimes supplemented by local produce. In the summer, things are a bit better, with fish, sea birds, and wild berries available. During the five-month winter, no food can be imported, but an occasional duck, partridge, rabbit, or seal may be had. How would you like a slice of seal?

The dental future of most kids is doomed by "the parental habit of giving a child a bread-and-molasses 'comforter,'" which, says Doctor Hunt, "must be the most efficient caries medium possible to conceive."

In some spots in the area, where fishing and hunting contribute to a more nearly balanced diet, dental conditions are somewhat better.

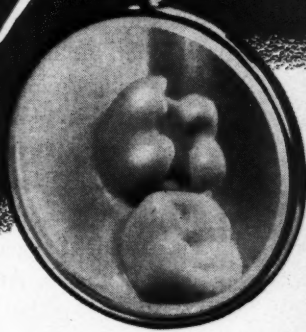
As to sanitation, the doctor suggests that "when the word is used it should be followed by an exclamation point." Drainage is taken care of only by natural topography. Drinking water is tested by trying it out to see what happens to you. All summer, "the whole area is under a cloud of flies famous for their biting



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ability." Each summer night, the mosquitos take over. Soap is scarce. And there is "a widespread tendency to wash only those parts not covered by clothes." In the winter, that specification covers a lot of territory.

In August of last year, Doctor Hunt started his rounds aboard the *Maraval*, stopping here and there to see patients during about a month's travel. Then, in September of last year he got back to St. Anthony, Newfoundland, where he spent the first week making up his annual order for dental supplies. That was a year ago this month. The goods were supposed to arrive last month—almost a year later—and will have to last until the middle of 1950. Now and then, the doctor had time to go out in a motor boat, shooting sea birds—tern, ticklouse, and puffin—and sometimes bagged sufficient for a meal for the hundred-odd patients in the St. Anthony hospital.

Last October, he set sail again and, reaching Cartright, arranged to stay there all winter—until the boat came for him in June. Doctor Hunt was the first dentist to visit the spot in nine years. There was quite a backlog of work, as you may imagine. During the holidays, he traveled by sledge, powered by dog team, to Northwest River. The 220-mile trip took nine days, with time-out one day when there was a forty-below gale.

After two months of dental practice in Northwest River, he got back to Cartright. From there, he went on a two-day hunting trip which nearly ended in disaster: caught out on some bad ice, it took two hours to go a half-mile, "sometimes floundering up to our necks in slushy ice and water that could not have been warmer than twenty-five degrees."

A diary entry written last spring: "I am now waiting for the last of the ice to go, then I shall travel on to St. Mary's River, stay there a month, and then on to St. Anthony about the middle of July. I am looking forward to getting there as nine months' mail is waiting for me."



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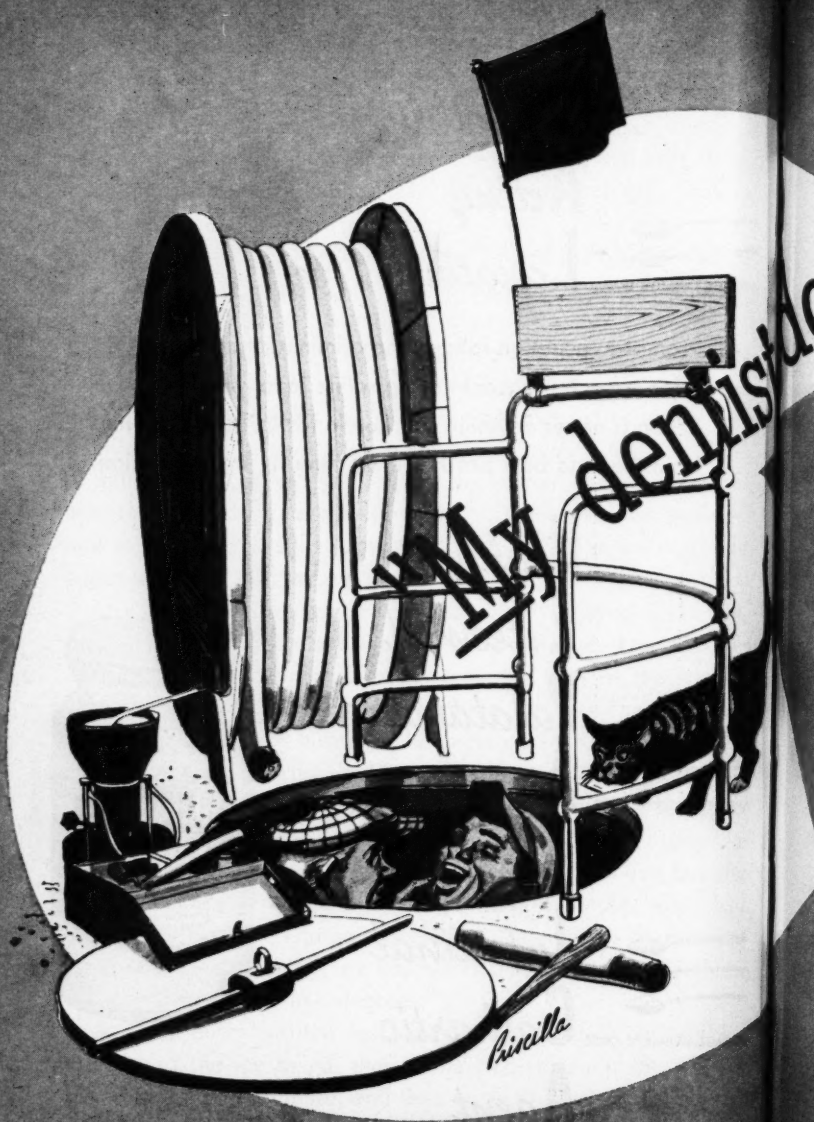
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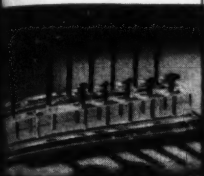




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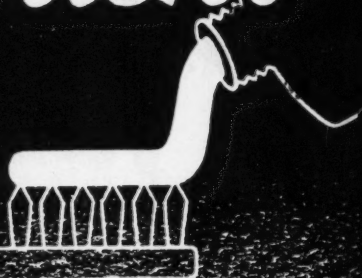
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<sup>1</sup>Henschel, Chester J. and Lieber, Leon, *Jl. Dent. Research* 28: No. 3 (June, 1949)

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# TOOTH PASTE

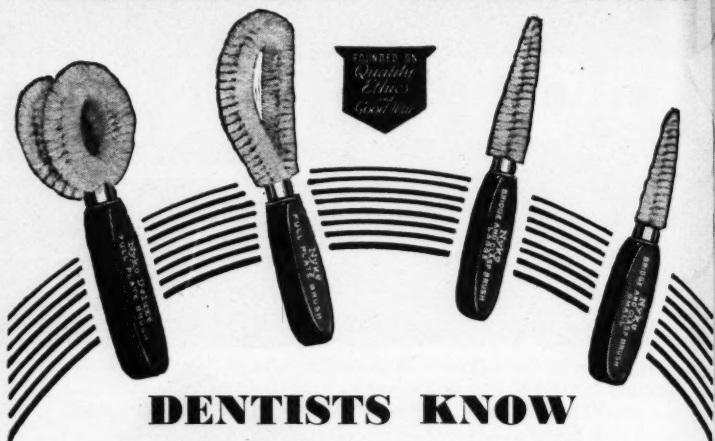


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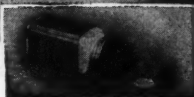
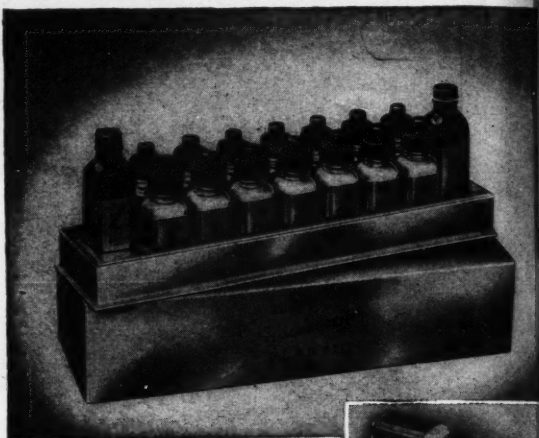
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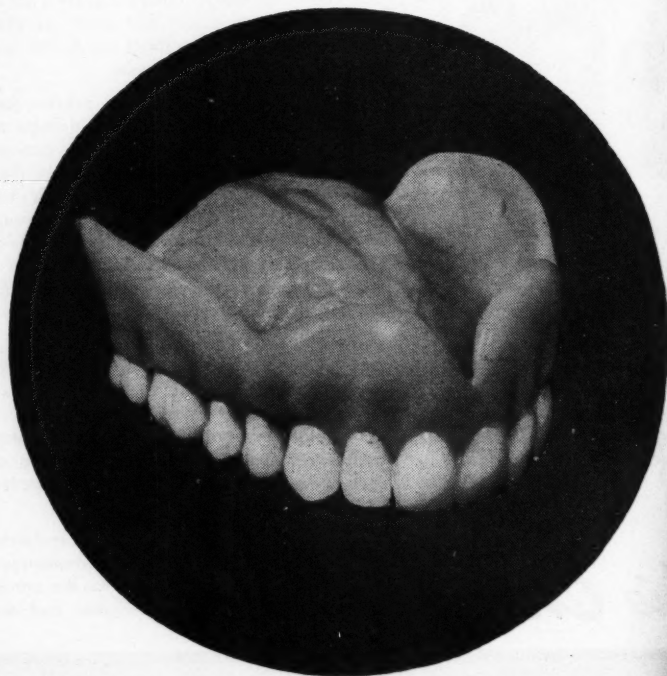
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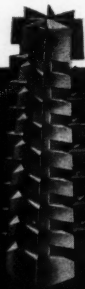
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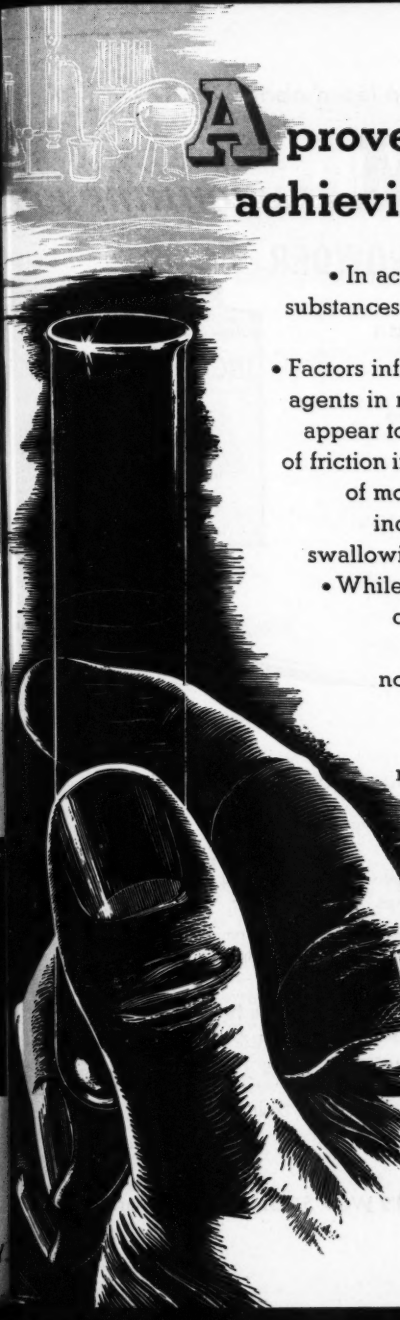


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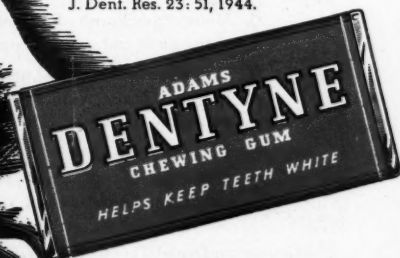


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1. Knighton, A. T.: J. A. D. A. 29: 2012, 1942.

2. Turesky, S. S. & Bibby, B. G.:  
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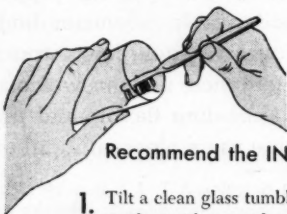
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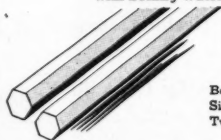


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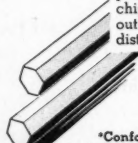


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## *Picture of the Month*



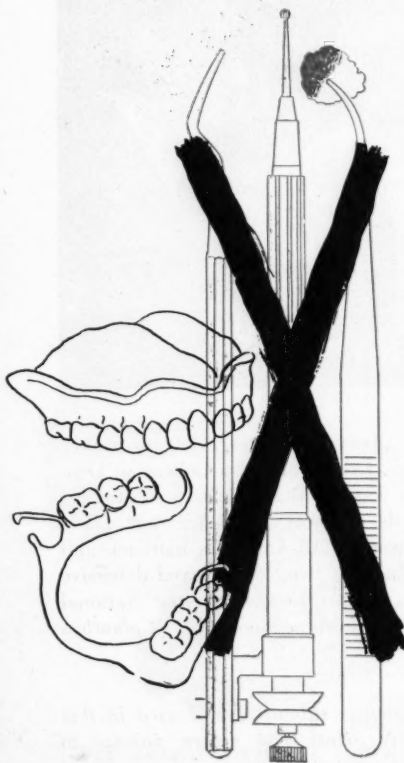
THREE OF Ohio State University's greatest athletes, (left to right) Jimmy Hull, Les Horvath, and Johnny Lorms, attend a College of Dentistry reunion. In 1939, Doctor Hull was the Big Nine's most valuable player, set all available scoring records, and was an All-American selection in basketball. Doctor Horvath was an All-American halfback and Heischman Trophy winner in 1944, and for two years played defensive halfback for the Los Angeles Rams. Doctor Lorms won the National Collegiate and Big Nine golf championships in 1945.—Columbus (Ohio) Dispatch photograph.

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

BY HOWARD R. RAPER, D.D.S.

## Trivial

## Dentistry



HE WAS A good-looking man, tall, slender, with plenty of personality. Girls, of all ages, liked him. Men liked him, too. He was graduated from dental college "with honors," whatever that means. Two whole years, two bright, prosperous, happy years of practice lay behind him.

We met on the way down in the elevator and stopped to talk in the lobby. I did not have a chance to ask him how he was getting along. He was telling me. He had just had his "best month," he said. And then he went on to explain just what he meant by best month—and what an explanation!

"All good work," he said. "Nothing trivial. No fillings, no prophylaxes, no pyorrhea treatments. Just dentures and bridges."

What a conception of dentistry! So the filling of teeth, the cleaning of teeth, and the treatment of pyorrhea, all these things are trivial. In short, efforts to preserve teeth in the human mouth in a state of health and good function are of slight consequence—trivial, trifling nonsense—while the sacrifice of teeth and the fabrication of artificial substitutes is all to the "good."

What has happened to the proud old ideal of "saving teeth"? Has it been replaced with a subconscious belief that nature created human teeth to serve only as a kind of crop to be harvested with forceps by dentists?

Nobody wants to go back to the

*Does your dental service emphasize the replacement or the preservation of natural teeth?*

sorry old days when we saved teeth by saving disease of the investing osseous tissues along with the teeth. But we must not, we dare not, lose sight of the ideal of saving teeth altogether.

Or perhaps I should say we dare not lose sight of this ideal permanently. It is presently already lost to many—to the young man who considered such service trivial, for example.

Why did my young friend speak of prophylaxis and the treatment of caries (filling) and pyorrhea as trivial matters? What did he mean? What was in his mind?

**Operative Fees**

The questions are not difficult to answer. His mind was focused on the income from such treatment as compared to the monetary reward for supplying artificial dentures and bridges. In short, he was thinking only of himself and his pocketbook, and not of the welfare of his patients at all. Such being the case, the word trivial was not too badly misapplied; for it is a regrettable fact that it is easier to make money in dentistry by removing teeth and replacing them with artificial ones than by administering the treatment needed to preserve them.

People complain less about the larger fees for dentures and bridges than the smaller ones for fillings

and other conservative treatment. No doubt the main cause for this is that they consider fillings and the like "trivial," an opinion derived from dentists themselves—dentists like my young friend, of whom there are many thousands.

We need not consider all the various kinds of dental treatment applied for the purpose of preserving the teeth. We will limit ourselves to a consideration of filling teeth; allowing it to represent "trivial" dentistry in general. Do you doubt my assertion that there are thousands of dentists who, like my friend, consider fillings trivial? Then why do we give so little attention to the subject in our magazines and at our meetings? Why are the sections on operative dentistry so poorly attended? And why is it that the fee schedules, adopted by ethical dental societies, which have come to my attention, have, without exception, set the fees for restorations too low to insure the economic opportunity to perform good service?

Perhaps I should be a little more specific and say that it is the fees for proximo-occlusal and other complex restorations that are, in my opinion, too low. Those for the simpler fillings appear adequate. The point I am trying to make in this connection is that fee schedules seem to reflect insuf-

ficient differentiations between types of fillings, and a serious lack of appreciation of the technical difficulties involved in placing a genuinely good proximo-occlusal restoration.

Possibly you do not agree that the fees for complex fillings are inadequate. But, may I ask, are they high enough to permit a profit comparable to that to be derived from the same time and effort devoted to making dentures and bridges? And, if not, are dentists not put under a moral strain likely to prove to be too great for many of them? Or, approaching the subject from a different angle, suppose you have a good critical look at the fillings in the teeth you see. Are they all they should be, or anywhere near what they should be? Do they look like the dentist had had the economic opportunity to do his best? My own opinion is that the poor quality of the restorations fits the inadequacy of the fees with remarkable fidelity. And that, in turn, the inadequacy of the fee schedules likewise fits the low, almost contemptuous attitude of a great number of dentists toward the science and art of filling teeth.

#### Health Service

When will we dentists absorb the truth about the importance of filling teeth? When will we recognize it for what it is—a treatment for disease, and one of the most effective and reliable treatments known to the profession, when properly executed? When, if ever,

will we relinquish the mechanistic view and think of filling teeth as a health service of the first order, deserving all the respect ordinarily accorded such service? Until we do, we cannot hope to pass such comprehension along to others; nor, without it, can we hope for the cooperation from patients needed to improve conditions.

Meantime, more persons are wearing dentures today than ever before; a most distressing record for a profession dedicated to the task of preserving teeth.

I once told a reporter in an interview that the best thing that could happen to the public in a dental way would be for the price of fillings to double. He had a good laugh at that. "That's a hot one," he declared, "coming from a dentist. No doubt," he continued, "a shirt manufacturer would tell me that the best possible thing that could happen to the public would be for the price of shirts to double."

I tried to explain to him that, although I was a dentist, I did not fill teeth; that if the Nation's bill for filling teeth should double, not a dime of the money would find its way into my pocket. I explained that I was a specialist in roentgenography and diagnosis, that my service afforded me an unusual opportunity to observe the havoc resulting from neglect and inadequate treatment of caries, and that my opinion, right or wrong, was born of my experience and a sincere and completely unselfish con-



sideration of the people's welfare.

I admitted then, as I do now, that an increase in fees for fillings would do no more than create a better economic opportunity for improved service; but such opportunity is, I believe, sorely needed. It is certainly more optimistic and less slanderous to assume that a better economic setup might bring improvement rather than to hold to the belief that the ordinary garden variety of fillings one sees represents the profession's best regardless of circumstances.

#### Restorative Treatment

Horace Wells, "whose dream of painless surgery delivered the race from its centuries of helpless suffering," had this to say about the filling of teeth; and it is worth repeating, not once but many times. Read it over a couple of times, remembering that it is the considered opinion of the "father of anesthesia," a wise and kindly man. I quote from Wells's little book entitled *AN ESSAY ON TEETH* published in 1838.

"There are many who ... imagine that any person can properly perform so simple an operation as that of filling the teeth to arrest decay. This is truly a great mistake; and not a few can testify to the fact from sad experience.

"However simple the operation of filling the teeth may appear, it is, in reality, the most complicated, as well as the most important branch of the profession. An ordi-

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

#### ORAL HYGIENE AWARD

*This article by HOWARD R. RAPER, D.D.S., has won the \$100 ORAL HYGIENE award for the best feature published this month.*

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nary dentist may succeed in performing all other operations tolerably well, while this remains beyond the reach of his skill. He may truly put gold into the tooth, and perhaps it will keep its place for some length of time; but if the work is not effectually performed, the decay will proceed as before, even if the gold remains."

Bravo, Horace Wells! One hundred and four years ago you told your fellowmen that painless surgery was not an impractical dream, but an attainable reality—and the audience greeted the news with boos and cries of fraud. One hundred and ten years ago you told us the essential facts about the filling of teeth—and we have not learned the lesson yet.

Horace Wells, you will observe, knew *why* he filled teeth. It was not just for the fun or profit of poking something into a hole. It was, as he put it, to "arrest decay"—that is to say, *to stop the progress of disease*. Wells's great talent, which led him to the discovery of anesthesia and is revealed again in his estimate of the difficulty and importance of filling teeth, resided in his capacity for comprehending the significance of the obvious. Anyone, of course, can see the

(Continued on page 1343)



*Doctor Roy H. Bridger treats a patient in his trailer dental office in Montgomery County, Maryland.*

## **Trailer Dentist**

**By Henry F. Unger**

DOCTOR ROY H. BRIDGER could be dubbed the wandering dentist—20th Century style. His office is a trailer, his patients are children unable to afford private dental care, and his territory covers 490 square miles of Montgomery County in the State of Maryland.

The professional skill of Doctor Bridger, however, would be lost to Montgomery County had not the Public Health Lay Council, a progressive group of delegates from eleven committees, launched a drive to begin the dental reform of the County's children. The hard-hitting group, organized to improve the general health of the entire County, placed better dental care first on their extensive program. It was 1935 and only temporary relief could be offered. By January, 1936, a steady part-time dental service was in operation with the constant full-time goal ahead.

Convinced that only a full-time program could handle the many children who needed dental care, the Council managed to procure from the Maryland State Health Department a trailer made especially for health purposes and ideal for a dental office. The trailer was furnished with the necessary dental equipment and Doctor Bridger, a veteran dentist, was attached to the Montgomery County Health Department. It was October, 1941, and the husky Doctor Bridger became the only trailer dentist in

*Montgomery County, Maryland, children receive dental care  
from trailer dentist.*

Maryland. Quickly, the dentist from Lewiston, North Carolina, realized the vast problems ahead. The patients were many and he was alone. But through cold winters and hot summers, the trailer dentist carried on his corrective service. Today, the extensive dental care of the Montgomery County Health Department compares favorably with that of many other much larger organizations.

Operating only during school hours, Doctor Bridger follows a definite program. He divides his patients into three groups: those who can afford to see their own dentists, those who pay a flat \$1 charge regardless of the service rendered, and those who are unable to pay. The latter two groups are handled on the trailer visits.

Doctor Bridger pulls his trailer about one hundred fifty miles each week on his tours of the various schoolhouses in suburban and rural districts. All schools get his inspections and notices are then sent to the homes of children requiring corrective treatment. The dentist tries not to stretch the time between examinations and corrective service to beyond a week.

According to the dentist's figures, about 90 per cent of the suburban children go to their own dentists for care, while about 25 per cent of the rural school children visit their own dentists. No child is forced to appear at the

trailer dental office. All, however, are invited and urged to visit the dentist for corrective treatment. Doctor Bridger conducts regular dental lectures in many of the schools and gives informal talks to students and parents whose health education has been neglected.

With over seventy schools on the docket, Doctor Bridger is unable to cover the entire group in a year's time. Many of the schools are rural, one-room buildings and absorb less time than the more extensive establishments in the larger towns.

Operating from the base at Rockville, Maryland, Doctor Bridger will leave his trailer beside a school should extensive service be needed. Often, the dentist will need about three days to complete the treatment required by the dental patients in a school. The longest stay on his record kept Doctor Bridger's trailer beside a school for ten days. The tiny schools can often be handled on a two-a-day policy. Doctor Bridger, however, estimates that he has treated an average of seven patients a day.

A stumbling block for Doctor Bridger are school children who never have experienced dental care. Health education was lacking in the home and the children were made to believe that a dentist only extracted teeth. It is this opposition that the genial dentist attempts

to break down with his kind treatment of children and sincere talks to adults.

So that a complete roster of children is present at a specific school, Doctor Bridger notifies the principal by telephone or by mail. During the summer months, he solves the problem of treating vacationing children by sending notices to parents and then parking his trailer in some centrally located spot where the children may congregate. It may be next to the fire department or even in the center of the town.

Children able to pay for dental care go to the eight Health Centers spread through Montgomery County where Doctor Bridger, in his few spare moments, helps out frequently. When the young patients require roentgenograms, they are sent to the Bethesda Health Center where complete facilities await them.

A familiar sight as he pulls his trailer through such fast-growing towns as Bethesda, Chevy Chase Silver Springs, Takoma Park, Rockville, and Gaithersburg, Doctor Bridger parks his tooth-saving office near a school building, runs an electric cord through a window, plugs it into the school current, and immediately sets up shop with his dental engine. The biggest problem during winter months is the slow-working portable electric heater. Doctor Bridger arrives early so that the trailer is comfortable for his small patients.

From his own statistics, Doc-

tor Bridger has discovered that about 76 per cent of the Montgomery County children have defective teeth and that in the suburban areas only 25 per cent are defective. This alarming percentage keeps the hard-working dentist constantly busy. He realizes that without the trailer and his service, no extensive dental care would be accomplished. At present the dentist is averaging about three or four restorations to one extraction.

A graduate in 1926 from the University of Maryland Dental School, Doctor Bridger was in private practice in Cambridge, Maryland, and in Public Health dentistry in West Virginia before tackling his present task.

Determined to keep up with present trends and discoveries, Doctor Bridger uses fluoride applications but so far only for pre-school children because of the lack of time for other treatments.

Towing his second-hand trailer, which is about twenty feet long, over the dusty backwoods areas of Montgomery County, and catching the philosophy of the people on health, convinces Doctor Bridger that the shameful condition of children's teeth results from the habit of neglect among the parents, which is inherited by the children. Despite the gallant efforts of the dentist to cover every possible area each year, the dental facilities remain weak and their lack brings a nonappreciation by the rural residents for this preventive

health care.

Doctor Bridger, who suffers in the non-air-conditioned trailer during the summer months and often freezes during winter months, is eager, nevertheless, to find as many children as possible who need dental care. He is convinced,

along with V. E. Ellicott, State Deputy and County Health Officer, that only by bringing dental care to these poorer and neglected people will their health standards be improved.

4930 South Dakota Avenue, N.E.  
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### TRIVIAL DENTISTRY

(Continued from page 1339)

obvious, but it often takes a touch of genius to perceive its significance, and no little courage and determination, at times, to act in accordance with the perception.

How much longer will it take us to comprehend the significance of the obvious fact that the filling of teeth, and like measures of conservation, constitute the profession's most serious obligation and

greatest opportunity for service? When will our present immoderate and unjustifiable pride in our prosthetic appliances shrink to the point of permitting us to feel greater regret and shame over the loss of a part of the human body as functionally useful and beautiful as the teeth?

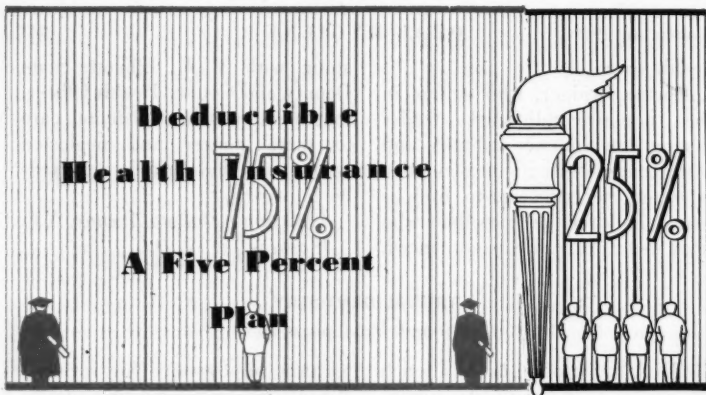
1516 East Silver Avenue  
Albuquerque, New Mexico

### MANY STUDENTS STUDY DENTISTRY UNDER G.I. BILL

The Veterans Administration reported that more than 12,000 World War II veterans were studying dentistry and related subjects under the G.I. Bill and Public Law 16 on December 1, 1948. Under the G.I. Bill, 7,603 of these veterans were in dental schools; 3,735 were studying pre-dental courses; and 103 were studying to be dental hygienists. An additional 904 veterans, all of whom are disabled, were studying dentistry under Public Law 16 which provides for vocational rehabilitation of those with service-connected disabilities.

### HELP FOR DENTAL SECRETARIES

THE YOUNG WOMAN with secretarial training and experience who steps into a dental office is often faced with confusion as she begins her work as a dental secretary. *THE HANDBOOK FOR THE MEDICAL SECRETARY* by Miriam Bredow (McGraw-Hill, \$2.75) will be helpful. This book describes the philosophy of the professional office and the attitude the secretary should have toward patients. There is a chapter on dentistry and a glossary of dental terms.



**BY MEYER M. SILVERMAN, D.D.S.**

VARIOUS PLANS for supplying health services to the people of the United States are the concern of the public and the professions involved. The President of the United States presented a plan of compulsory health insurance to the Congress, and other plans are being offered in the hope of satisfying the needs of our people. They all have merit but most certainly contain dynamite that could easily ruin our economy through the inefficiency and waste that would follow. As a possible alternative to these plans, a program of 5 per cent deductible health insurance would be ideal. This plan would require the insured to pay all necessary health bills up to 5 per cent of his annual income. All yearly bills over and above this 5 per cent income figure would be paid by the

government. This plan, properly administered, would eliminate the dangers of the total coverage bills now before the Congress.

My experience of over four years in the Army as an operating and administrative dental officer has proved to me, and to about fifteen thousand other dental officers, that socialized dentistry cannot be a success. I have statistical proof that over 75 per cent of the dental officers in the European Theater were wasted. This waste resulted from inefficient planning and the slow operation of not merely a socialistic setup but a true communistic plan of health service. Our country's greatest experiment in free-for-all dental treatment in the military services during the war was a pathetic failure in both quality of service and efficiency of operation.

Let the Congress investigate the



### *Dentist recommends plan for national health care.*

cost of the dental treatment produced by the military services during the war, and it will realize that the cost of dental care under our present system is inexpensive by comparison. Let it check the quality of dentistry produced in the military services under the free-for-all system, and the Congress will be ashamed of its efforts to extend such a total coverage to all our people. Let it investigate the quantity of *proper* treatment produced by the services, and it may find that *less* than 10 per cent of the total dental needs were satisfied. Does the Congress think it can bring complete dental coverage to our people when our greatest experiment in socialized dentistry could not begin to satisfy the demands? We should have learned during the war that the lowered quality and the waste of a free-for-all system is not worth another trial.

#### **Government Health Care**

There is a need, nevertheless, for some plan to take care of the real health care of the American people. The American Medical and Dental Associations should take the initiative and offer a suitable plan to the Congress. If this is not done, we will find that the politicians, as well as our statesmen who are genuinely interested in the adoption of a satisfactory program, will force upon us a system that will be inefficient and deteriorat-

ing. It must be remembered that a politician is a person who promises everything and delivers nothing. This will happen unless we present our statesmen with a program that will maintain the quality of our service and efficiency through individual initiative.

The more free health coverage the government will allow the people, the more freedom will be lost by the patient and the dentist or physician, with tremendous cost to the taxpayer. The more free gifts we generally get from any government, the more freedom must be sacrificed. A person can today receive free health coverage, shelter, food, and clothing from a government; but it is necessary that he reside in jail and lose all his freedom to enjoy this ideal free-for-all service.

What is the *real need* of the American people so far as health is concerned? The real need is *protection* against the large bills that accompany long-term illness and extensive dental bills. An unexpected illness of long and expensive duration could upset the budget of the average family to such an extent that it might be pauperized for life or many years to come. It is not necessary for the government to pay our small \$5, \$10, or \$50 bills. The *real need* is protection when those bills run into the hundreds and thousands of dollars, which can ruin the average family even though it is in the

high middle-class income bracket. A full coverage, therefore, is not our need, but long-term coverage is a necessity for the peace of mind of all.

Why not take a lesson from those who know? The insurance companies are one of the most efficient of all American industries. They have a collision policy on automobiles which is called "\$50 deductible." If a policyholder is in an accident, he must pay the first \$50 of the damage to his car and the insurance company pays everything above \$50. This knowledge makes the motorist most careful in the preservation of his car against careless damage. Why not present a health plan on a similar deductible basis?

A satisfactory health plan can be evolved that would maintain the high standards of the professions and answer the real needs of the American people. This plan must embody three points in order to be successful:

1. It should be based on a compulsory 5 per cent deductible health insurance system.
2. It must maintain the individual initiative of free enterprise common to our economic system.
3. It must be headed and planned by a physician and a dentist, each administering an *autonomous* service.

#### Five Per Cent Plan

The 5 per cent deductible health plan is the most suitable program for our type of citizen with the

present standards of health service. The Income Tax Division of our government allows only a deduction for health expenses in excess of 5 per cent of a person's income. Therefore, they assume that we can afford, and every wage earner *can* afford and should *learn* to budget, a 5 per cent health expense per year. Why not develop a program of health insurance whereby the patient pays all expenses up to 5 per cent of his income? If he is running into heavy long-term illness and expenses that year, the government's insurance would pay all bills over 5 per cent of his income.

If a person has a minor ailment that can be self-treated, or some imaginary ailment, he will not apply immediately for free medical or dental treatment as is done in England. If he does, he will have to pay the first part of his health bill up to 5 per cent of his income. If a person earns \$2500 per year, he certainly could budget on his personal obligation of \$125 per year, or about \$10 per month for health services. If he earns \$10,000 per year, he certainly could pay \$500 per year before the government would assume any additional payments. This same percentage could apply to any income bracket to cover *all* income classes in the Nation. This deductible plan would eliminate the evils of the free-for-all system as experienced in England and would cover the *real need* of our Nation.

It is necessary that the individ-

ual initiative of the professional men and women be continued at its present high level on the same free-enterprise basis as enjoyed by other industries. We might as well face facts and realize that professional men, and I speak for dentistry on this point, are like a group of artists. They must have a heartfelt *desire* to give a fine service. Let someone *tell* them what to do, and they will render a poor service. Let someone *ask* them to cooperate, and they will perform excellent treatment. Imagine if a Van Dyke or a Rembrandt were given a brush and paints and *told* to paint. You would get merely a painting. If they were *asked* to paint under their satisfying conditions, they would create a masterpiece. Dentists are the same type of persons, and physicians must be the same. The military service proved that you cannot shackle a professional man and get the best results from his service. That is one of the reasons the military service experiment in free-for-all dentistry was a pathetic failure.

#### Administration

Any program of health insurance *must* be administered by a member of the profession, responsible only to the President of the United States. Under this Administrator of Health, medicine and dentistry must be headed and planned by a physician and a dentist; each responsible for his own medical and dental service. Each of these services must be *autono-*

*mous*. Let us not make the same mistake that was made in the military services during the war where dentistry was under the Medical Corps, and was directed by physicians who knew nothing about dentistry. This lack of autonomy on the part of dentistry was one of the reasons the dental personnel were most unhappy. They resented being directed in their duties by physicians who were ignorant of the proper treatment and service to be given by the Dental Corps.

Why not take a lesson again from our efficient industries and put men in charge who know their business and profession? An industrial company will put a foreman in charge of a particular operation or section of its organization to supervise and operate his phase as efficiently and satisfactorily as possible. It will pick a man who perhaps has performed each and every task that the men under him are performing, or else he has a thorough knowledge of these jobs. The more this foreman knows about his job the more his men respect him and cooperate with him in obtaining a maximum of efficiency and service. Let us hope that the Congress will put the proper "foremen" (professional men only) over the respective health services so our people will get the highest quality service with the lowest cost to the taxpayer.

We must present a plan which will meet the health needs of the American people and at the same time be acceptable to the profes-

sions. This 5 per cent deductible health insurance plan should fill these requirements. To defray its cost it would be advisable that compulsory premiums be collected from payrolls or like income taxes from the total salaries and incomes of the insured. People of all income brackets should be required to pay for and receive health protection. It would require the services of expert actuaries and economists to determine the cost of this or any other plan, but good "insurance sense" will tell us that a deductible insurance on a 5 per cent basis could be developed into the most economic plan which will give us the highest quality of service and meet the real need of our people.

The American Medical Association and the American Dental Association must stop fighting health plans and take the initiative in presenting a plan to fulfill the *real need* of the American people. No one has the right to criticize unless he has a better plan to offer. The real need is protection against *long-term illness and large health*

bills, and not a free-for-all health service. During the past year or so, while advocating a 5 per cent deductible health insurance plan, I have found that the consensus is that this is the necessary plan for our people.

This plan will eliminate the evils of the free-for-all system, now being experienced in England, which is already costing far more than originally was estimated. This plan would require the insured to pay all health bills up to 5 per cent of his income per year. All bills above this 5 per cent figure would be paid by the government. The capitalistic system of *free enterprise* and *individual initiative* must be preserved and professional men must administer the program in order to get the full cooperation of the professions. This plan will give our people the maximum quality and efficiency of service which will satisfy the *real needs* of our people by willing professions at the lowest cost to the taxpayers.

*The Cavalier*

3500 14th Street, N.W.  
Washington, D.C.

#### THE COVER

THIS MONTH'S cover carries an interesting scene from Detroit, Michigan, where the Eighth Annual Dental Review of the Detroit District Dental Society will be held November 2-3, 1949 at the Hotel Book Cadillac. An especially fine program of clinics, lectures, and social events has been arranged under the chairmanship of Doctor Stanley P. Jesson.

# So You Know Something About DENTISTRY! ?

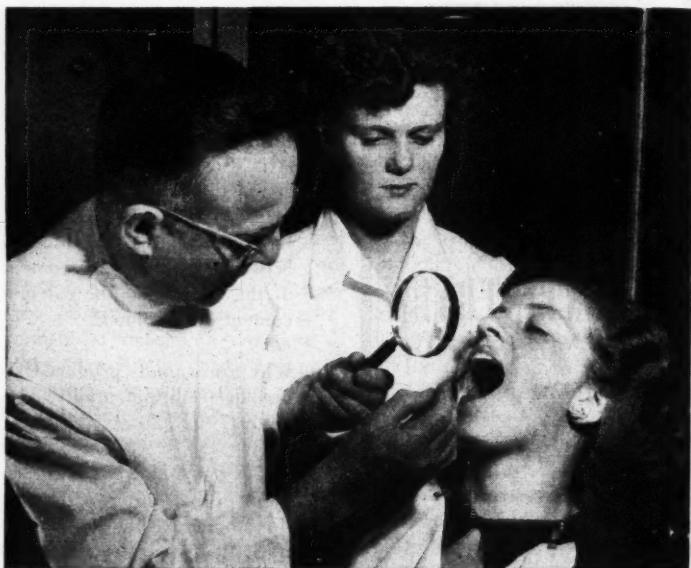
## QUIZ LX

1. Which of the following nerves supply the tongue? (a) the hypoglossal, (b) the lingual nerve with the chorda tympani, (c) the glossopharyngeal nerve, (d) the internal laryngeal nerve. ....
2. True or false? Aerodontalgia results from the presence of some pre-existing pathologic disturbance of the pulp or periapical tissues. ....
3. The proximal grooves in a three-quarter preparation of an anterior tooth should not exceed (a) 2°, (b) 7°, (c) 12°, from parallelism to their

convergence cervico-incisally.

4. Which are radiopaque in the roentgenogram? (a) mental foramen, (b) torus mandibularis, (c) torus palatinus, (d) genial tubercles. ....
5. Is there a definite relationship between the calcium content of the saliva and the calcium content of the blood? ....
6. Why are wounds produced by human teeth potentially dangerous? ....
7. Place the following teeth in their proper order with relation to increasing susceptibility to dental caries: (a) upper lateral incisors, (b) upper and lower cuspids, (c) lower first bicusps, (d) lower central and lateral incisors. ....
8. True or false? The coarser the grain in gold alloys, the stronger the metal. ....
9. Maximum amount of cutting with stones is accomplished (a) in a dry field, (b) when a small amount of water is present, (c) in an entirely wet field. ....
10. Is erosion characteristically found on tooth surfaces not subjected to occlusal wear? ....

FOR CORRECT ANSWERS SEE PAGE 1378



*Doctor Charles A. Levinson demonstrates his technique in using the magnifying glass in dental treatment.*

## **The Magnifying Glass in Your Operating Room**

**By Charles A. Levinson, D.M.D.**

IN THE magnifying glass technique,<sup>1</sup> in which a +5.00 diopter lens is used, we have a double aid to dental practice.

The first and more important aid is that the magnifying glass increases the visual acuity for all members of the dental profession; especially for those who are 40 or over. After that age the muscles of the eyes relax and cannot focus on near objects.

The second purpose of the magnifying glass is to permit the patient to watch you operate. This

<sup>1</sup>Levinson, C. A.: The Magnifying Glass as an Aid in Examination Technique, J.A.D.A. 38:493 (March) 1949.



technique operates with the television principle, based on light refraction. To allow the patient to see exactly what you, the dentist, wish him to see, simply switch the overhead light on and focus the spotlight into the patient's mouth. Have your head between the magnifier and the spotlight so that the patient's mouth appears magnified in the lens. The magnifier is in proper focus about five inches from the patient's mouth when using the type +5.00 diopter lens.

One or more images of the patient's mouth and teeth will be produced on the side of the lens facing the patient. You, on the other hand, see everything you want to see in a highly magnified manner so that nothing can be missed. What the patient sees is reflection of his mouth. What the dentist sees is known as a refracted image.

16 Hamilton Road  
Brookline 46, Massachusetts

#### **BRITAIN COMPLETES FIRST YEAR OF HEALTH PLAN**

The National Health Service program of Great Britain now has been in operation for one year. During that time 43,500,000 Britons visited 18,636 physicians and 9,379 dentists. They received 5,828,640 pairs of spectacles; 4,932,000 dental treatments, including over two million sets of dentures; and 32,228 artificial legs.

Wigs, surgical appliances, medicines, and appendix and tonsil operations were so numerous even the Health Ministry could not keep an accurate count of them.

Great Britain's health program costs her workers the equivalent of 17 cents a week, plus an undetermined amount in direct taxes. Housewives and dependent children make no direct payments, but are eligible for benefits.—*Chicago Sun-Times*.

#### **WHEN YOU CHANGE YOUR ADDRESS**

WHEN YOU change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.

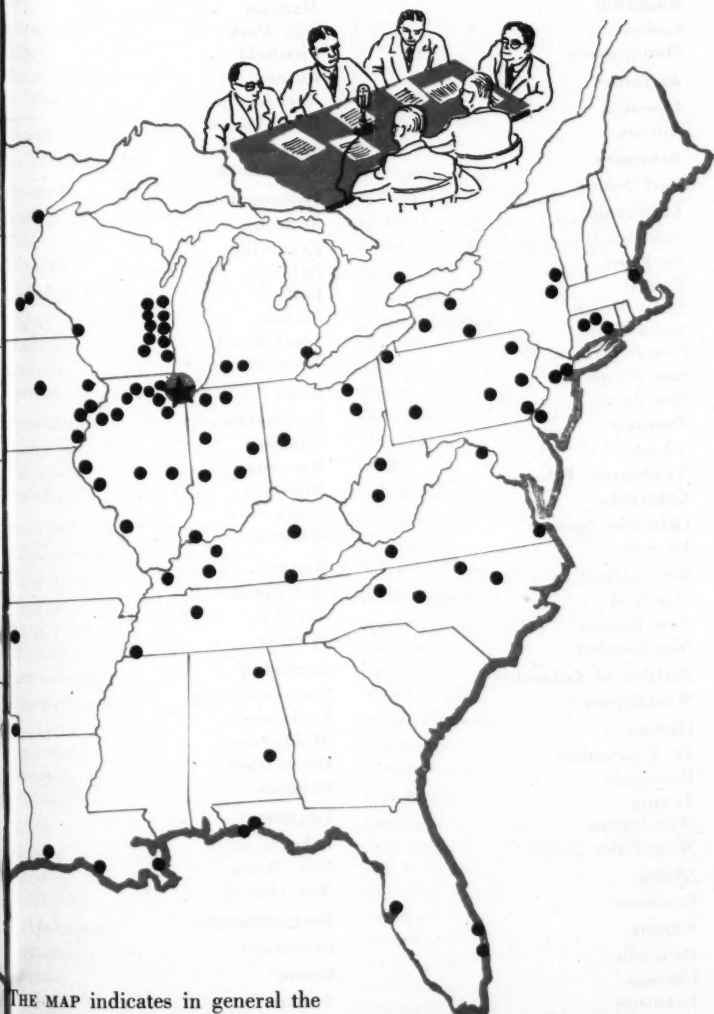
#### **CAN YOU USE A DOLLAR?**

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, which is published in *Dentists in the News* (see page 1358) we will send promptly a crisp, new one-dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to *Dentists in the News*, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.



**University  
of Illinois  
Telephone  
Course**

THE M  
cities t  
Teleph  
lowing



THE MAP indicates in general the cities that will be covered in the Telephone Extension Course. Following four pages show the com-

plete list of cities, the subjects to be presented, and the faculty for this unique course.

**Alabama**

Gadsen

Montgomery

**Arizona**

Phoenix

Tucson

**Arkansas**

Fort Smith

**California**

Bakersfield

Berkeley

Fresno

Long Beach

Sacramento

Santa Barbara

San Diego

San Jose

**Canada**

Toronto

Vancouver, B.C.

**Colorado**

Colorado Springs

Denver

**Connecticut**

Hartford

New Britain

New London

**District of Columbia**

Washington

**Florida**

Ft. Lauderdale

Pensacola

Tampa

Warrington

West Palm Beach

**Idaho**

Lewiston

**Illinois**

Belleville

Chicago

Evanston

Freeport

Galesburg

Great Lakes

Joliet

**Mattoon**

Oak Park

Pittsfield

Quincy

Rockford

Rock Island

St. Charles

Springfield

**Indiana**

Anderson

Evansville

Lafayette

LaPorte

Muncie

South Bend

Terre Haute

**Iowa**

Burlington

Clinton

Davenport

Dubuque

Sioux City

Waterloo

**Kansas**

Hutchinson

Topeka

Wichita

**Kentucky**

Dawson Springs

Lexington

Middleboro

Owensboro

Paducah

**Louisiana**

Lake Charles

New Iberia

New Orleans

**Massachusetts**

Gloucester

**Maine**

Auburn

**Michigan**

Battle Creek

Detroit

Kalamazoo

September  
Minne  
Dulut  
Minne  
St. Pa  
Miss  
St. Jo  
Mont  
Billin  
Butte  
Miss  
Neb  
Elgin  
Hasti  
Linco  
Oma  
New  
Morr  
Plain  
West  
New  
Albu  
New  
Elmi  
Glen  
Roch  
Sche  
Nort  
Ashe  
Char  
Gree  
Rale  
Ohio  
Cant  
Day  
Loui  
Okla  
Okla  
Tul  
Ore  
Por  
Pen  
Alle  
Erie

**Minnesota**

Duluth

Minneapolis

St. Paul

**Missouri**

St. Joseph

**Montana**

Billings

Butte

Missoula

**Nebraska**

Elgin-Norfolk

Hastings

Lincoln

Omaha

**New Jersey**

Morristown

Plainfield

Westfield

**New Mexico**

Albuquerque

**New York**

Elmira

Glen Falls

Rochester

Schenectady

**North Carolina**

Asheville

Charlotte

Greensboro

Raleigh

**Ohio**

Canton

Dayton

Louisville

**Oklahoma**

Oklahoma City

Tulsa

**Oregon**

Portland

**Pennsylvania**

Allentown

Erie

Harrisburg

Norristown

Pittsburgh

Scranton

**South Dakota**

Sioux Falls

**Tennessee**

Memphis

Nashville (5th Dist. Dental Soc.)

Nashville (Meharry College)

**Texas**

Amarillo

Corpus Christi

Fort Worth

Houston

Odessa

Texarkana

Victoria

**Utah**

Salt Lake City

**Virginia**

Lynchburg

Newport News

**Washington**

Seattle

Spokane

Tacoma

Walla Walla

**West Virginia**

Charleston

Parkersburg

**Wisconsin**

Appleton

Beaver Dam

Fond du Lac

Kenosha

LaCrosse

Madison

Manitowoc

Milwaukee

Oshkosh

Sheboygan

Waukesha

**Wyoming**

Casper

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**Monday, October 10, 1949**

***Recent Advances in Caries Control***

Dr. Basil Bibby  
Eastman Dental Clinic  
Dr. J. W. Knutson  
U.S. Public Health Service  
Washington, D.C.  
Dr. Philip Jay  
University of Michigan  
Dr. L. S. Fosdick  
Northwestern University  
Dr. Harold Younger  
Dallas, Texas  
—Moderator—  
Dr. Robert G. Kesel  
University of Illinois

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**Monday, November 14, 1949**

***Pain in Dentistry***

Dr. Carl C. Pfeiffer  
University of Illinois  
Dr. John J. Posner  
New York City  
Dr. Harry Sicher  
Loyola University  
Dr. Donald A. Wallace  
American Dental Association  
Dr. Harold G. Wolff  
Cornell University  
—Moderator—  
Dr. Edward J. Ryan  
Evanston, Illinois

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**Monday, January 9, 1950**

***The Role of the  
Masticatory Mechanism  
in Reconstructive Dentistry***

Dr. A. G. Brodie  
University of Illinois  
Dr. R. Gillis  
Gary, Indiana  
Dr. Russell W. Tench  
New York City  
Dr. John R. Thompson  
Northwestern University  
—Moderator—  
Dr. W. Howard Kubacki  
University of Illinois



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**Monday, February 13, 1950**

*Dentistry for Children*

Dr. John C. Brauer  
University of Southern  
California  
Dr. Allan G. Brodie  
University of Illinois  
Dr. Roy G. Ellis  
University of Toronto  
Dr. Ruth Martin  
Washington University  
Dr. George Teuscher  
Northwestern University  
—Moderator—  
Dr. Maury Massler  
University of Illinois

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**Monday, March 13, 1950**

*Nutrition in Dentistry*

Dr. Hermann Becks  
University of California  
Dr. Otto A. Bessey  
University of Illinois  
Dr. Edgar S. Gordon  
University of Wisconsin  
Dr. Maury Massler  
University of Illinois  
Dr. Dorothea Radusch  
University of Minnesota  
—Moderator—  
Dr. Isaac Schour  
University of Illinois

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**Monday, April 10, 1950**

*Oral Diagnosis and Cancer Control*

Dr. Lester R. Cahn  
Columbia University  
Dr. Lester W. Burket  
University of Pennsylvania  
Dr. Reed O. Dingman  
University of Michigan  
Dr. Andrew C. Ivy  
University of Illinois  
Dr. Danely P. Slaughter  
University of Illinois  
—Moderator—  
Dr. Bernard G. Sarnat  
University of Illinois

## Dentists in the NEWS



**Brockton (Massachusetts) Daily Enterprise:** Doctor Charles S. Paraskis has closed his Brockton dental office to accept an appointment by the U. S. Atomic Energy Commission to do dental research at the Los Alamos, New Mexico, Center. He will study the effect of radioactive isotopes in dentistry.

Although Doctor Paraskis was a naval officer during the war, he was given a special U. S. Army assignment to cooperate in a study of the effect of the atomic bomb on the Japanese people. Most of his research was done in the Nagasaki area where he was engaged for several months. He saw service with the Navy on many of the Pacific Islands before he was assigned to the atom bomb research project in Japan.

**New York (New York) Times:** The two top awards for academic excellence given annually by Columbia University's School of Dental and Oral Surgery were given to Julius K. M. Richmond, a 29-year-old student from Georgetown, British Guiana. The awards were the Van Woert Scholarship Fund Prize, valued at \$100, and the Alpha Omega plaque. Richmond also was elected to Omicron Kappa Upsilon, dental honor society.

He was graduated from the school in June.

**Binghamton (New York) Sun:** National Open Champion Cary Middlecoff, a Memphis, Tennessee, dentist, tied with Loyd Mangrum for the Motor City Open Golf Tournament in Detroit shortly after winning the U. S. Open at Medinah Country Club in Chicago. This dentist captured golf's most sought-after title, U. S. Open Champion, in his third try, one of the fastest climbs to fame in golf history. He has been a professional golfer for only three years.

When Middlecoff turned professional, he gave himself two years to see if he could earn his living on the golf course instead of in a dental office. After winning the U. S. Open he declared: "Golf is now my career! Think from now on things may be easier for me in the professional circuit."

After he won the Detroit tournament he was for a while top money-winner in the big-time golf circuit. His earnings for the season are \$21,924.

**Allentown (Pennsylvania) Morning Call:** Doctor David Freeman, Allentown dentist, is largely responsible for the fact that 3½-year-old Jimmy Bechtel didn't die from hanging recently. Jimmy and his brother, David, had been playing in their yard when David ran into the house.

"Mommy! Mommy! Jimmy is hanging on a string," he shouted.

Mrs. Bechtel found Jimmy hanging by the neck on a piece of twine suspended from a porch hook used for a washline. He had been playing with the twine and slipped off a step.

When Doctor Freeman, a neighbor, heard of the accident immediately after it happened, he ran to the Bechtel home and used artificial respiration on the child. When the fire department squad arrived with its resuscitator, Jimmy had started to breathe faintly. Firemen re-

stored normal breathing within a short time.

*Washington (D.C.) Times-Herald:* Something new in the way of a dental office has been outfitted by Doctor S. W. Johnston, Washington dentist. You cannot tell, when you look over the boats and yachts at Buzzard Point Boat yard, that the 87-foot vessel at the far end is the home and dental office of this dentist. But when you reach the pilings where the Tred Avon, the king-sized yacht which formerly was owned by the Baruch family, is at anchor, you see the sign which designates this dental office.



Life on shipboard is nothing new for Doctor Johnston who left home and sailed to Africa and South America on a merchant ship when he was 15. But it is a new experience for most of his patients. "They like it," he reports. "Several of my patients would rather come down here than go to my other office on Sixteenth Street."

The Johnston family, Doctor and Mrs. Johnston and their three sons, comprise the ship's crew and have been living

aboard it for several years. It was their home while Doctor Johnston attended the University of Maryland Dental School in Baltimore.

Doctor Johnston planned to sail in June for the Chesapeake Bay. "We hope to dock for a time in Crisfield, Maryland," he stated. "Of course, I'll be in business as usual. Some of the people in that area never have been to a dentist." He also planned to drop anchor at Smith Island and Ocean City.

*Dayton (Ohio) Journal Herald:* Doris Ann Pater, 21, of Hamilton, owes her life to a Hamilton dentist, Doctor William Lebo, according to her physician. Doris, with two Miami University classmates and a friend, were driving from Oxford to Hamilton when their car went out of control. Doctor Lebo, driving ahead of the car, saw the accident in his rear-vision mirror. When he reached the car, he found that flying glass had severed the large vein in Doris' throat. He forced handkerchiefs into the wound and called for an ambulance. During a fifty-minute race to Hamilton this dentist applied enough pressure to impede the flow of blood but yet permit the victim to breathe. Upon arrival at the hospital, the unconscious patient was given two transfusions immediately.

Though Doctor Lebo wouldn't be quoted regarding the incident, the accident victim's physician said, "He did a truly remarkable job. She owes her life to him."

Awards for items published in this month's DENTISTS IN THE NEWS have been sent to:

Clara L. Rosko, 584 Columbia Road, Dorchester 25, Massachusetts.

M. B. Newman, D.D.S., 1410 Morris Avenue, Bronx 56, New York.

H. Milton Fielding, D.D.S., 32 Franklin Street, Worchester 8, Massachusetts.

James Schaeffo, Co. 7, V.A.C., Bath, New York.

Benjamin Robins, D.D.S., 912 Linden Street, Allentown, Pennsylvania.

Olive R. Owens, Box 75, Richmond, Indiana.

# Medical Contraindications To Air Travel\* Part 2



## Conditions

## Limiting Factors

### Gastro-Intestinal Diseases

#### (continued)

#### 2. Active

*Pain. Occult blood in feces. Roentgenographic evidence. Proneness to travel sickness*

#### Postoperation

#### 1. Appendectomy

*At least ten days must have elapsed since the operation*

#### 2. Herniotomy

*At least ten days must have elapsed since the operation*

#### 3. Other resections and wounds

*Depends on condition of gut, fluid in abdomen, and other factors. Unable to go to lavatory unaided*

#### 4. Colostomy

*Effect on fellow travelers*

#### Hematemesis and melena

### Genito-Urinary Diseases

#### Calculus

*If attacks of renal colic are frequent*

#### Nephritis

*Systolic blood pressure over 200 mm.*

\*Excerpt from *British Medical Journal*, April 9, 1949.



## Essential Facilities And Precautions in Flight

## Whether Advisable to Travel by Air

ent- Not over 5,000 ft. Limit movements Normally reject. Pressurized aircraft  
to in aircraft. Hyoscine to prevent air- if journey essential  
sickness. Carminatives for flatulence.  
Follow dietetic advice

sed Not over 8,500 ft. shortly after opera- Flight should be under 8,500 ft.  
tion. Hyoscine to prevent airsickness

sed Not over 8,500 ft. shortly after opera- Flight should be under 8,500 ft.  
tion. Hyoscine to prevent airsickness

in Not over 5,000 ft. Inadvisable except at 5,000 ft. maxi-  
ble mum in pressurized aircraft

Reject

Reject

nt Hyoscine to prevent airsickness Normally acceptable

Maximum altitude 8,500 ft. Oxygen Normally acceptable, but consider  
should be available each case on its merits

(Continued on pages 1362 - 1363)

Conditions	Limiting Factors
<b>Genito-Urinary Diseases (Continued)</b>	<i>Hg. Degree of anemia (see Anemia). Ascites or hydrothorax. Unsatisfactory condition of optic fundi. Albuminuria more than 2%. Cellular casts in urine. Blood urea more than 10 mg. per 100 ml.</i>
Venereal	<i>Must be free of active lesions, especially those of skin or buccal infections</i>
<b>Infectious Diseases</b>	<i>While infectious</i>
<b>Liver Diseases</b>	
Abscess	<i>Those likely to burst</i>
Cirrhosis	<i>Evidence of congestive failure. Hematemesis or melena. Hemorrhages. Ascites or hydrothorax</i>
<b>Mental and Nervous Conditions</b>	
Brain tumor	<i>Pressure symptoms. Incontinence</i>
Epilepsy	<i>Frequently occurring attacks</i>
Mental disease	<i>Nonquiescent state. Lack of control of bowel and bladder. Homicidal or suicidal tendencies</i>



Essential Facilities And Precautions in Flight	Whether Advisable to Travel by Air
<i>Reject until noninfectious</i>	
<i>Reject</i>	
Maximum altitude 8,500 ft. Oxygen must be available	Normally reject. If essential, travel below 8,500 ft.
Maximum altitude 8,500 ft. Oxygen must be available	Normally reject
Maximum altitude 5,000 ft. Physician nurse in attendance	Normally reject
Attendant advisable. Suitable seda- tive. No alcohol	Inadvisable except in mild cases
Attendant essential. Calmed with suit- able sedative	Normally reject
(To be concluded in the October issue)	



**Oren A. Oliver, D.D.S.**

# 1949 Graduates Hear Dentists

***Dentists address graduating classes at University of Illinois and Emory University professional colleges.***

COMMENCEMENT addresses before the June, 1949, professional graduates of two colleges were given by members of the dental profession. Doctor Oren A. Oliver, of Nashville, Tennessee, spoke to graduates in dentistry, medicine, law, and theology at Emory University, Atlanta, Georgia. Members of the graduating classes of the University of Illinois Chicago Professional Colleges heard Rear Admiral Clemens V. Rault (DC) USN who is Assistant Chief of the Bureau of Medicine and Surgery of the U.S. Navy. Excerpts from their addresses follow:

**DOCTOR OLIVER:** So accustomed are we to freedom that many of us have forgotten, and some of us have never learned, that men have not always been free; that men before us have fought for freedom; that men around us, being denied it, most passionately desire it. To us, freedom comes as a gift. We accept it without question.

Just as we take freedom for granted, we take government for granted—and we leave government entirely to the politicians and the statesmen. We, the professionals—physicians, dentists, lawyers, and ministers, pursue our private fields, and while we berate our government representatives when things

go wrong, we often refuse to shoulder the responsibilities that citizenship in a democracy imposes on us.

It is your job and mine. There is a place for all citizens in our political system, and there is an obligation upon all citizens, too. To vote at our general elections is not enough, although too great a segment of our population neglects even that responsibility. You must participate in the affairs of your community, actively leading toward the betterment of its people. Know the men engaged in politics. Acquaint yourselves with legislative matters before your state legislatures and before the Congress. Make known to your local representatives, your Congressmen, and your Senators the views which you hold on matters of concern to you.

It is just possible that our desire to excel in our separate fields, and our rightful ambition to obtain financial affluence for ourselves and for our loved ones, may so focus our attention on vocational excellence and attainment that we might fail to look beyond our offices to the democratic world which so desperately needs our leadership. We are indeed citizens of two worlds, the vocational and the political, and we will not long possess our vocational liberties if we lose our political freedom.

**REAR ADMIRAL RAULT:** It is, in a large measure, the responsibility of everyone to participate in the thinking, the planning, and the actions that make up the kind of



*Rear Admiral Clemens V. Rault  
(DC) USN*

leadership this country must provide—leadership in a movement to provide physical and moral sustenance for the needy people of the world. This humanitarian effort on our part is not without its dangers; some of these even threaten the continuance of our own democracy. But, in the interest of the common welfare, we must accept the challenge. And, to provide against any eventualities, it is imperative that we work to keep our country strong—economically, socially, politically, and, yes, militarily.

As citizens, no one is better prepared than you are to assist in  
(Continued on page 1367)



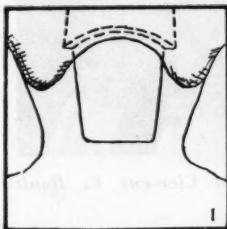
## TECHNIQUE of the Month

Conducted by **W. EARLE CRAIG, D.D.S.**

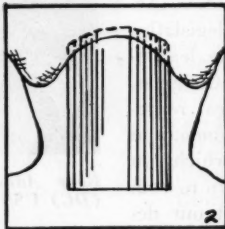
Drawings by **Dorothy Sterling**

### Full Cast Crown Technique

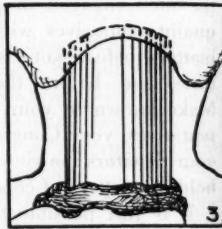
By **HENRY B. ANDERSON, D.D.S.**



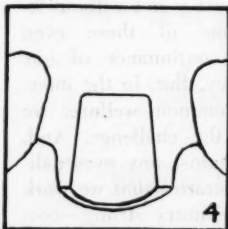
Prepare tooth for hollow metal crown, with definite ledge under gingivae.



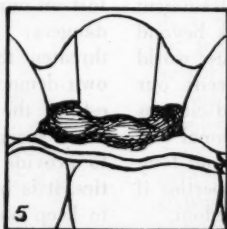
Trim a copper band to fit exactly at the gingival edge. Do not contour this band.



Set the band on the tooth and press compound into the open end to secure an occlusal impression of the prepared tooth.



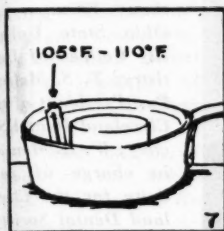
With wax, box around the gingival portion of the copper band and pack band with amalgam to form a die.



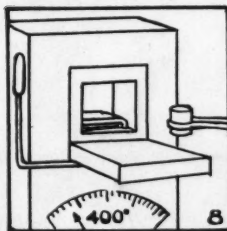
Place inlay wax on the prepared tooth. Cover wax with two thicknesses of rubber dam and have patient register the bite.



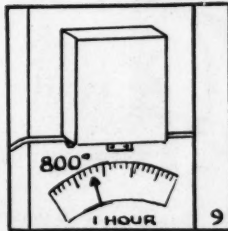
Position wax occlusal on the amalgam die. Carve the crown to proper contour. Smooth up with silk cloth.



Invest in a hydrosopic investment, using 15 mm. water to 50 gr. powder. Allow to set. Place in a pan of water 105°-110°F. for ½ hr.



Heat furnace to 400°. Then place ring in the furnace.



Bring furnace to 800°. Hold for 1 hour. Cast.

### 1949 GRADUATES HEAR DENTISTS

(Continued from page 1365)

maintaining this country politically and economically strong. Your duty points to the direction of taking an interest and an active part in the military and reserve organization. This country has never maintained large standing forces, and, in seeking to provide measures for national security, it looks to its trained citizens and to its organized reserve units to supplement its regular military forces in periods of national emergency.

Even in this day of sociologic enlightenment, among the nations of the world military action as a policy of state still has to be replaced by a moral equivalent with which to curb social, economic, or moral injustices of enemy state.

We stand on the threshold of scientific achievements which will act to enhance the economic and physical welfare of men everywhere. But much investigation is still required for such fulfillment. Herein lies the challenge, which you must meet. By training you

have been well prepared for such investigation. However, scientific training is not the sole qualification leading to discoveries. It should be recalled that upon the observations of natural phenomena by men in the past, from Hippocrates and Celsus and Galen and Vesalius, then Leeuwenhoek, Pasteur, Jenner, and a host of others, rest the advances which have brought us many of our scientific triumphs of today. These observations were made in large part with the senses alone and without benefit of instruments and precision methods of the laboratory.

You are similarly endowed with ability for investigation. All you require is to follow your native inquisitiveness and search for the "what," the "why," and the "how"; to foster your inquiring faculties and the clear-eyed curiosity of youth; to make it a life-long habit to observe, to record, and to deduce. These are the qualifications of an investigator.



# Portraits and Profiles of American Dentists

By Howard A. Hartman, D.D.S.



Left to right: Jonathan Forman, of Ohio State University College of Dentistry; T. S. Malson, Past-President of the Cleveland Dental Society; W. H. Maurer, in charge of publicity for the Cleveland Dental Society; and William H. Crawford, Dean of the School of Dentistry, University of Minnesota, at the Cleveland Dental Society Spring Clinic.



At the Cleveland Dental Society's Spring Clinic are (left to right): G. A. Svetlik, President elect of the Society; the Honorable Lester C. Hunt, United States Senator from Wyoming; and Harvey Janke, Society President. Senator Hunt, a dentist, was Governor of Wyoming before his election to the Senate.



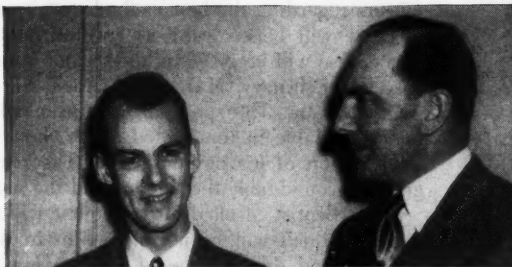
Left to right: William Bente, member of the Program Committee for the Cleveland Dental Society's Spring Clinic; Walter Deuring, Chairman of the Program Committee; and W. L. Wylie, Dean of the School of Dentistry, Western Reserve University.



A. H. Finke, of Sheboygan, immediate Past-President of the Wisconsin State Dental Society, with his daughter at the State meeting.



Left to right: M. H. Mortonson, Jr., and A. E. Kopp, both of Milwaukee, attend the Annual Meeting of the Wisconsin State Dental Society.



At the Wisconsin meeting are (left to right): J. S. Semrau, Milwaukee; H. N. Reinking, Minneapolis; and H. R. Bleier, Milwaukee.





## EDITORIAL COMMENT

*"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." John Milton*

### POSTGRADUATE EDUCATION BY TELEPHONE

AN ENTERPRISING dental educational activity is illustrated by the telephone extension course offered by the University of Illinois, College of Dentistry. More than one hundred and forty dental societies, representing thirty-seven states, the District of Columbia, and Canada, have subscribed to the course. The lectures will originate in the Medical and Dental Center of the University of Illinois in Chicago and will be carried by lines of the American Telephone and Telegraph Company to cities throughout the United States. A representative of the telephone company will be available in each community to advise dental society officers regarding the best methods to give the most effective reception.

There will be six subjects covered; each in a two-hour program. The course will be given on the second Monday of October, November, January, February, March, and April. Six authorities will appear on each program. The speakers have been selected from among the best talent available in the United States. Each speaker will make a short presentation of his point of view. The remainder of the time will be given to round-table discussions and the answering of questions.

Every dentist enrolled for the course will receive a 96-page illustrated manual, which will be useful to him in studying in advance for the lectures, and that will be of help to him in following the speakers. According to the announcement of the University of Illinois: "The manual will include a summary of the most recent research on six different phases of dentistry by the thirty or more nationally prominent educators who will participate in the program. The slides ordinarily projected by the lecturers will be reproduced in the manual. An added advantage of the manual over the projection method is that it can be retained for post-lecture discussions and for reference."

Reproduced in this issue of ORAL HYGIENE on page 1352 is a map with a list of cities that will be included in the telephone course. The enrollment for additional cities is closed because the telephone

contracts had to be let ninety days in advance of the beginning of the course. Dental society members living in the cities that have already enrolled may still subscribe for the course and are urged to do so. If you live in or near one of the cities listed you may register by writing promptly to your local dental society secretary and sending him your check for \$10 for the manual and the six 2-hour lectures. Of the 140 dental societies enrolled each guaranteed a minimum of \$250. In many cases \$250 will not begin to pay the telephone charges for the twelve hours of long-distance transmission from Chicago. It is hoped that the enrollment in the large cities will be great enough to reduce the overhead and other expenses.

For years dental educators and program chairmen have been searching for a formula to make better programs available to dentists. In many parts of the country dental society treasuries are not in a position to have speakers come from any distance to appear on programs. And many speakers, wearied with travel and strained with hours lost from their offices, have found it inconvenient to accept program invitations. The results: many dental societies are required to function with inferior program talent.

This enterprising extension course of the University of Illinois should be supported strongly because it may be the beginning of a new method of education. Entertainment is brought into our homes through the radio and television. There is no reason why education in professional subjects cannot originate in one location or several and be carried by telephone into every community in the United States. The University of Illinois is to be commended for developing a method of sharing and spreading knowledge throughout the country, and the dental profession is to be approved for the ready and enthusiastic response.

*Edward J. Ryan*

## ASK Oral Hygiene



Please communicate directly with the department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

### "Habitual Aphthae"

Q.—I have a young woman patient who has recurring aphthous ulcers usually occurring on the buccal mucosa and the tip of the tongue. Seldom do two weeks pass without an ulcer appearing.

I have referred this patient to two leading dermatologists of the South with no improvement.

The history is as follows: On July 1, 1947, this report was received from a physician. "Ulcers in mouth most likely herpes from some endocrine disturbance. This disturbance might come from her ovaries as she complained of the ulcers being worst at the time of menstrual period."

The treatment prescribed was stilbestrol and nicotinamide to take internally, and a potassium chlorate mouthwash.

On September 23, 1947, the physician advised that the patient's condition was still unsatisfactory and advised that she be referred to another specialist for a complete study.

On October 24, 1947, the following report was received: "These ulcers have no relationship to any food, drug, or to any obvious endocrine disorder."

The patient was given smallpox vaccination every week or ten days for six times without a "take." She was told to avoid extremely hot or cold foods, to avoid highly seasoned food, and to use milk of magnesia as a mouthwash. She was also given thiamin chloride; 10 mgs. to be taken four times daily.

These ulcers are worse before, during, and after her menstrual period. However, there was no change during her pregnancy, and she continued to have this cyclic recurrence of the aphthous ulcers even though she was not menstruating.

I cauterize these ulcers with silver nitrate or liquefied phenol to give the patient temporary relief, but I dislike to continue this type of treatment as this results in a chronic irritant.

The patient is edentulous and about thirty-five years of age. Could the pH of the saliva have any bearing on this case?

Please advise what you think I should do for this patient.—H. W. G., North Carolina.

A.—You present a case of a most interesting nature and you are to be complimented on seeking the best medical advice.

Your case seems from your description to be what Prinz and Greenbaum call "habitual aphthae."<sup>1</sup> According to the authors: "Quite frequently the disease appears shortly before menstruation or between two menstrual periods or at various periods during pregnancy. Disturbances of digestion and general metabolic diseases

<sup>1</sup>Prinz, Herman, and Greenbaum, S. S.: Diseases of the Mouth and Their Treatment, Philadelphia. Lea and Febiger, 1935.

seem to predispose favorably to it. Without apparent cause habitual aphthae may occur in individuals who are seemingly in the best of health; particularly after eating such foods as tomatoes, oatmeal, nuts, fermented cheese, fish, and others, or after using highly flavored tooth and mouth preparations. These chronic occurrences may suggest allergy as a possible etiologic factor. Again, a deficiency of vitamin B is claimed by some clinicians to be the principal cause."

We have found that thiamin chloride is best given parenterally in 100 mg. doses or larger. For local treatment, I have never found anything so effective as a saturated solution of trichloroacetic acid, and there is no bad after-effect.

The above authority says further: "Within recent years the administration of calcium gluconate (1.5 gm. or about a heaping teaspoonful in a little milk three times a day) has given encouraging results. To facilitate the retention of calcium in the tissues, free movement of the bowels is essential. The periodically recurring aphthae in women, especially at the time of menstruation, apparently are favorably influenced by this medication."—GEORGE R. WARNER.

#### Pulp Exposures

Q.—I should appreciate knowing what the latest thought is concerning the treatment of deciduous molars with pulp exposures.

It is my opinion that in a child of 5 with an exposure it is more important to keep the tooth in as a guide for the permanent tooth for the next four or five years than it is to extract it. Yet sometimes we see a second deciduous molar that is not only an exposure but is loose. This is a problem, for too often abscesses appear later.

I have taken the attitude that these abscesses are not too dangerous to the child's health and that the advantage of keeping the tooth in as a guide is far more important. Am I right in assuming this attitude?

If I wanted to use a 2 per cent solution of sodium fluoride, could I expect such a solution made up by my local druggist to be efficient and stable? What do you use?—J. D. W., California.

A.—Pulp exposures in deciduous molars can be capped if caught early enough or a pulpotomy can be done.<sup>2</sup> If the pulp breaks down, it can be removed<sup>1</sup> and the roots filled. If the tooth abscesses, it should be removed for it is a menace to the child's health in the period of greatest growth and when the child should not be handicapped by dental infection.

Any good druggist should be able to prepare a 2 per cent solution of sodium fluoride.—GEORGE R. WARNER.

#### Hypertrophic Gingivitis

Q.—A patient, a boy 17 years of age, presented himself here at the office with a case of anterior gingivitis with hypertrophy of the interproximal gingival tissues to the extent that the gingivae

<sup>2</sup>Eastlick, K. A.: Management of Pulp Exposure in the Mixed Dentition, J.A.D.A. 30:179 (February) 1943.

were half way down over the crowns of the anterior teeth, both upper and lower. The posterior gingivae were in normal condition.

I first removed all calculus, of which there was little. I treated the gingivae in later appointments, removed the hypertrophied tissue surgically, and prescribed penicillin. The condition was entirely cleared up, but now after a lapse of three months the patient presented himself again with bleeding gingivae and the tissues are again beginning to show hypertrophy. Upon examination I find no calculus present and the mouth cleanliness to be good.

This boy's teeth are crowded in the arches with malocclusion to the extent that none of the anteriors touch.

What is your opinion of this case? Is it possible that this condition is entirely from malocclusion? I did not think so as the patient says he only noticed the condition for about three months before he came into the office. —J. A. W., Pennsylvania.

A.—The open bite in your boy's case may have a bearing on the hypertrophic gingivitis which you describe. Nonfunctional teeth are likely to cause gingival disturbances, such as poor circulation with resulting hypertrophy. In similar cases in the mouths of 'teen age boys I have met with reasonable success in controlling the gingivitis by frequent prophylactic treatments, if I could have the full cooperation of the patients in their home care, long and vigorous brushing every day.

You do not say anything about the boy being under medical treatment. I wonder if he is an epileptic and is under dilantin sodium treatment. Dilantin sodium cases do not respond well to surgical removal of

the hypertrophied tissue.—GEORGE R. WARNER.

### Allergy

Q.—Are there any known or recorded cases of allergy to dental acrylics? If so, in what way may this allergy manifest itself, and how may I test for this before dentures are made?—G. C. F., Illinois.

A.—There is the general opinion that acrylics may be allergins, but I do not know of a well-supported research project proving this.

The accepted method of testing oversensitivity is to scarify a place on the arm and then bind some scrapings of the particular material on this exposed area. Sensitivity will be shown by a marked reaction within forty-eight hours.

In one of our cases, as soon as the patient had a small acrylic partial denture put in his mouth the tissues felt dry and uncomfortable, and when the acrylic was removed his mouth became normal. This would seem a definite allergy.

—GEORGE R. WARNER.

### Rough Enamel

Q.—A woman, 35, has observed the appearance of dark brown or black spots discoloring her maxillary centrals and right lateral. These are the only teeth involved. The marks appear after almost every meal and are removed readily by brushing.

This condition has existed for the last two months only. The patient is in good health and is taking no medication whatsoever. There have been no changes in dietary habits and she does not smoke.

Can you tell me the cause for this



# NEW

*Steele's*

## GOL-FAC Backings (Gold Faced)

Designed especially to preserve the ORIGINAL shades of your Steele's New Hue Flatback and Trupontic teeth when cemented in place.

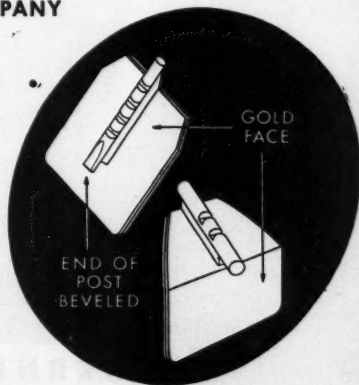
This new backing is the standard P. G. (Platinized Gold) backing except that it has a GOLD FACE, and the incisal end of the post is beveled. It has all the physical properties and mechanical advantages of the regular Steele's P. G. backings.

Where esthetics are important, specify Steele's GOLD FACED backings. They permit ACCURATE SHADE CONTROL and preserve the life-like appearance of the teeth.

THE COLUMBUS DENTAL MFG. COMPANY  
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**NOTE:** GOLD FACED backings have all the physical properties of Steele's P. G. backings and are therefore adaptable for use with either the solder or casting technic.

When the CASTING TECHNIC is used, these gold faced backings, like all Steele's backings, should be PROTECTED by using STEELE'S SUPER INVESTMENT, now made by The Ransom & Randolph Co., and available at your supply house.



# SANDBLAST



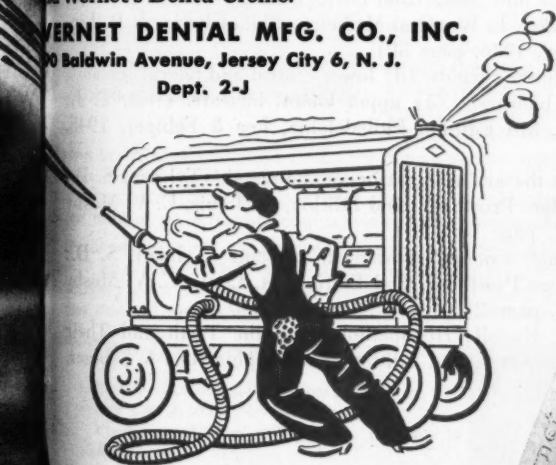
**WERNET'S DENTU-CREME**

XUM

# Ming Vase?

priceless ancient pottery calls for careful cleaning, lest the beautiful surface finish be irreparably damaged. • Beautiful dentures, too, can be ruined by the careless use of inappropriate cleansing agents. You can help protect them by suggesting Wernet's Dentu-Creme and Wernet's Plate Brush. • Dentu-Creme is smooth, absolutely non-injurious, and an excellent detergent. The special polishing agent it contains makes it ideal for use on acrylics. • Wernet's Plate Brush, with the Easy Grip Handle, conforms to professional specifications. Its divided tufts of fine bristles are individually wired-in for long life. Its black bristle section is used on the ridge and the vault—its white bristle section on the teeth and interproximal surfaces. • For safe, yet thorough removal of mucin plaques, food particles and stubborn stains, suggest Wernet's Plate Brush and Wernet's Dentu-Creme.

**WERNET DENTAL MFG. CO., INC.**  
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 Dept. 2-J



**WERNET'S PLATE BRUSH**



appreciate your comments on this problem.—A. M. A., Massachusetts.

A.—My guess would be that the labial enamel on these three teeth

is slightly rough or etched and that bringing these surfaces to a high state of polish will eliminate the difficulty.—V. CLYDE SMEDLEY.

## SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ LX (See page 1349 for questions)

1. All. (Robinson, Arthur: *Cunningham's Textbook of Anatomy*, 5th Edition, New York, Wood and Company, 1926, page 1125)
2. True. (Burket, L. W.: *Oral Medicine*, Philadelphia, J. B. Lippincott Company, 1946, page 591)
3. (a) 2°. (Schweitzer, J. M.: *Restorative Dentistry*, St. Louis, C. V. Mosby Company, 1947, page 136-137)
4. (b) torus mandibularis, (c) torus palatinus, (d) genial tubercles. (Ennis, L. M.: *Dental Roentgenology*, 3rd Edition, Philadelphia, Lea & Febiger, 1939, pages 209-215)
5. No. (Accepted Dental Remedies, 13th Edition, Chicago, American Dental Association, 1947, page 150)
6. Serious infections may result from *Borrelia vincenti* and *Fusiformis fusiformis*. (Burket, L. W.: *Oral Medicine*, Philadelphia, J. B. Lippincott Company, 1946, page 38)
7. (b) upper and lower cuspids, (d) lower central and lateral incisors, (c) lower first bicuspid, (a) upper lateral incisors. (Hill, T. J.: *Oral Pathology*, 3rd Edition, Philadelphia, Lea & Febiger, 1945, page 203)
8. False—the finer the grain, the stronger the metal. (Tylman, S. D.: *Crown and Bridge Prosthesis*, 2nd Edition, St. Louis, C. V. Mosby Company, 1947, page 740)
9. (b) when a small amount of water is present. (Tylman, S. D.: *Crown and Bridge Prosthesis*, 2nd Edition, St. Louis, C. V. Mosby Company, 1947, page 215)
10. Yes. (Kronfeld, Rudolf: *Histopathology of the Teeth and Their Surrounding Structures*, 2nd Edition, Philadelphia, Lea & Febiger, 1939, page 74)

# *Here at last!* Coleo

## ...the denture cleanser you can safely recommend!

*Developed by world-famous Colgate laboratories—  
a different, better, safer denture cleanser!*



**N**OBODY knows better than you, Doctor, how much unintentional damage to dentures is done by improper or careless cleansing! Nobody knows better than you the need that has existed for a new, better, *safer* type of denture cleanser. Now—at last—there is a denture cleanser that you can safely, conscientiously recommend! That's why we want you to try Coleo.

**Coleo is a truly exceptional denture cleanser.** Coleo was developed in the Colgate laboratories, laboratories with more than 60 years' experience in the development of all types of dentifrices. Coleo was marketed only after extensive tests proved beyond a doubt that Coleo was more effective than any other product available.

**Coleo is different** because Coleo contains a special ingredient that removes mucin plaque, ferrets out food particles, leaves teeth sparkling clean in a matter of minutes. *Soaks* dentures clean! No brushing to damage precisely fitted ridges, no leftover food debris to cause unpleasant taste and breath.

Tests prove that 7 out of 10 people preferred Coleo to any denture cleanser they'd ever used. They showed this outstanding preference because Coleo positively gets dentures *really* clean... safely! See if *your* experience with Coleo doesn't check with proved laboratory tests! Prove it yourself!

### MAIL THIS COUPON FOR FREE SUPPLY!

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Please send free, regular-size package of  
Coleo for office use.

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St. and No. \_\_\_\_\_

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(PLEASE PRINT PLAINLY)





"Do you expect to be busy tonight?"  
 "That depends on the boy I go out with."

Another great drawback about success is that by the time you are rich enough to sleep late, you're so old you wake up early every morning.

Eat, drink, and be merry, for tomorrow ye diet.

Love-making hasn't changed in a thousand years. They tell us that Greek maidens used to sit and listen to a lyre all evening, too.

Man is that foolish creature who shortens his life by working hard to acquire things that further shorten his life.

A lady is a woman who makes it easy

for a man to be a gentleman.

Guest: "Do you run a bus between the hotel and the railway?"

Manager: "No, sir."

Guest: "That's strange. All my friends said you would get me coming and going."

"What's the dangerous age for a married man?"

"His wife's."

Man (selling medicine): "Look at me—hale and hearty. I'm over 300 years old."

New Assistant: "Is he really as old as that, Joe?"

Assistant: "I can't say—I've only worked for him 100 years."

"She's like a photograph in that bathing suit of hers."

"Yeah—underdeveloped and overexposed."

"Your girl's spoiled, isn't she?"

"No, it's just the perfume she's wearing."

Jim: "You're a dog lover. I suppose you celebrated National Dog Week?"

Bill: "Sure I did. I planted another tree in my back yard."

A pretty and popular young teacher recently announced her engagement. Fellow teachers and pupils heaped good wishes upon her but she was hardly prepared for a note from one eight-year old, which read: Dear Miss Smith, I hope you have a happy and sexfull married life. Your friend, Mary.

**ALL A.C. CLARK EQUIPMENT PARTS**

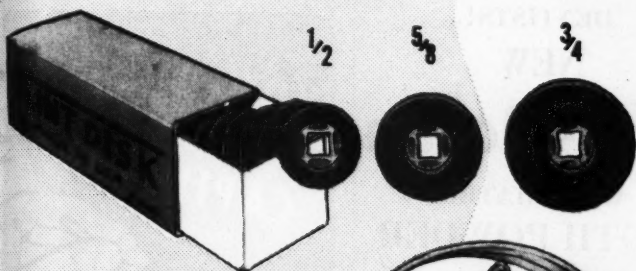
*Is your equipment ready for the busy fall and winter months ahead?*

We can still supply new cuspidor waste and supply tubing. Send us your old connections. We will attach new tubing. Prompt, guaranteed service.

Complete stock of parts and bowls.  
 Skilled workmanship. Your old out-of-fit reconditioned like new. Ask for an estimate.

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## Better Disks for Better Dentistry



SNAP—  
it's on!  
SNAP—  
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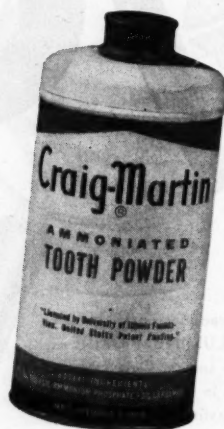
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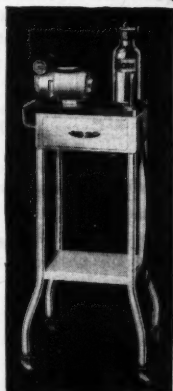
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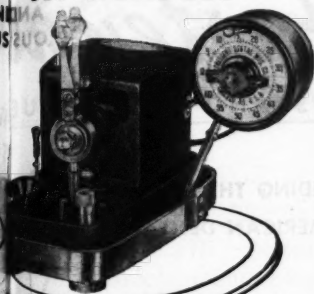
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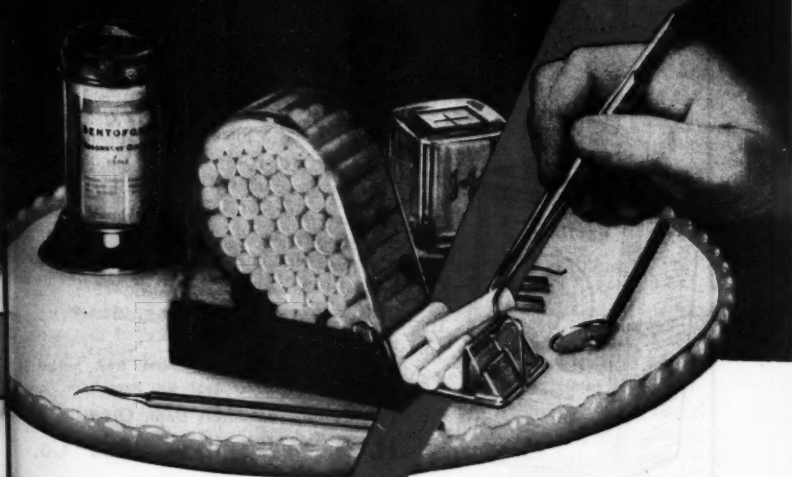


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## THE BIG NEWS IN DENTISTRY

# A new and more effective approach to controlling dental caries... CHLOROPHYLL TOOTH PASTE

Reports to INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH indicate that a chlorophyll-containing tooth paste *reduces acid bacteria count* in the mouth more completely and for longer periods than any previous method. It *inhibits proteolysis*, a second possible cause of tooth decay. And it *eliminates mouth odors* to a degree never before possible.

A summary of new clinical and laboratory findings on the usefulness of natural, nontoxic chlorophyll in the prevention of tooth decay and the deodorization of the oral cavity. This material was presented by G. W. Rapp,\* Ph.D., and B. F. Gurney,\* M.S., and by J. W. Hein,† (1) D.M.D., and W. G. Shafer,† (1) M.S., D.D.S., at the International Association for Dental Research meeting in Chicago, June 24-25, 1949.

This report is designed to give you a convenient and comprehensive summary of latest findings on the usefulness of Chloresium Chlorophyll therapy in the field of dentistry. You will also find it a handy source of information for answering the questions of patients who may have learned of Chloresium Tooth Paste through newspaper and magazine stories covering the recent Int. Assn. for Dental Research meeting.

Promotional material on Chloresium is distributed exclusively through ethical channels because we believe that controlling dental caries and otherwise maintaining oral hygiene can best be accomplished under professional dental supervision.

An answer to the long-time search for a preventive for tooth decay may well be found in Chloresium Tooth Paste. New evidence indicates that this chlorophyll-containing dentifrice acts to do away with the conditions most generally thought by dental authorities to be causes of the disease "dental caries."

The dentifrice was also shown to be able to get rid of odors in the mouth—and to help prevent their return for several hours. And early results indicate that it acts to retard the growth of pathogenic bacteria, also assumed to be a cause of tooth decay.

## THE CAUSES OF TOOTH DECAY

Dr. Rapp's report cited the two general theories dealing with the causes of tooth decay.

One, the chemo-parasitic theory, holds that the disease "dental caries" is characterized by an acid dissolution of the inorganic part of the teeth. In connection with this theory of dental decay, the prevalence of the micro-

\*From Loyola University, Chicago, College of Dental Surgery.

†From the Division of Pharmacology and Toxicology, Department of Pathology, and the Division of Dental Research of the University of Rochester, School of Medicine and Dentistry, Rochester, N. Y.

(1) National Institute of Health, Senior Research Fellow.

(Continued)

Chart I

## The effect of chlorophyll-containing tooth paste on l.a. count in human saliva

	Start	10 days	4 wk.	6 wk.	8 wk.	10 wk.	12 wk.	14 wk.	16 wk.	18 wk.	20 wk.	22 wk.	24 wk.	26 wk.
L.A. COUNTS—CHLORESIUM (CHLOROPHYLL) TOOTH PASTE														
1.	55,000	30,200	5,500	NEG.	NEG.	NEG.	NEG.	2,100	1,200	NEG.	NEG.	NEG.	1,100	NEG.
2.	985,000	974,200	65,020	34,200	NEG.	NEG.	NEG.	NEG.	NEG.	NEG.	NEG.	NEG.	NEG.	NEG.
3.	805,500	1,020,500	48,700	32,800	10,200	NEG.	NEG.	NEG.	NEG.	2,200	NEG.	NEG.	NEG.	1,200
4.	216,500	3,500	NEG.	NEG.	NEG.	NEG.	NEG.	NEG.	1,200	NEG.	NEG.	1,100	NEG.	NEG.
L.A. COUNTS—CONTROL PASTE AND CHLOROPHYLL MOUTH WASH														
5.	92,210	40,600	8,400	NEG.	NEG.	NEG.	NEG.	NEG.	NEG.	NEG.	NEG.	NEG.	NEG.	NEG.
6.	21,400	18,310	7,700	NEG.	NEG.	NEG.	NEG.	NEG.	1,270	2,400	NEG.	NEG.	1,210	NEG.
7.	183,300	52,200	7,400	NEG.	NEG.	NEG.	NEG.	3,400	NEG.	1,200	NEG.	NEG.	2,200	NEG.
L.A. COUNTS—CONTROLS														
8.	121,000	98,100	82,200	131,200	78,700	115,000	181,000	101,000	92,200	78,000	121,100	182,000	171,000	181,000
9.	43,400	47,700	27,400	34,200	42,100	35,500	21,100	22,400	21,100	26,600	24,800	26,100	32,100	27,500
10.	212,000	223,300	211,100	199,900	210,100	224,400	241,200	233,800	194,400	187,200	182,250	174,700	175,400	142,200

The above statistics may be considered generally typical of results with the three groups of subjects tested. Complete statistics of results with 100 subjects are available on request.

organism "lactobacillus acidophilus" has been found to be a good indicator of caries activity.

A second theory as to the cause of dental decay considers the first step in caries initiation to result from a destruction of the protein portion of the tooth enamel. This destruction can be brought about by either protein-attacking bacteria or enzymes—the product of such bacteria.

Dr. Rapp, in his report, stated that "it is most likely that both acid production and protein destruction play a considerable role in the cause of dental decay."

### EFFECT ON THE LACTOBACILLUS ACIDOPHILUS COUNT IN HUMAN SALIVA

Research in the first phase of Dr. Rapp's study involved the use of 100 subjects, all adult men. L.a. counts were taken on the subjects at weekly intervals for six weeks preceding the experimental work to establish a normal pattern of the variations in saliva count.

Fifty of the subjects were given chlorophyll-containing tooth paste (Chloresium) with instructions to use it twice a day, one of the times being after breakfast. A second group of 35 subjects was given tooth paste which did not contain chlorophyll and a chlorophyll-containing mouthwash,

with the instructions that tooth-brushing was to be followed by a thorough rinse with the mouthwash. A third group of 15 subjects was told to pursue normal oral-hygiene procedures.

### Dramatic results

Within ten days from the time chlorophyll therapy had begun, 26% of the subjects using it had a negative L.a. count. By the end of the fourth week, 42% had a negative l.a. count. After 12 weeks 82% of these same subjects were completely free of l.a. When the 26-week period was over, 90% of these subjects were free of l.a. and had been for some time.

Results with the second group indicated that brushing the teeth with a tooth paste which does not contain chlorophyll and following this brushing with a mouthwash containing chlorophyll is almost as effective in reducing the l.a. count as brushing with the chlorophyll tooth paste. (See Chart I for typical results obtained within all three groups.)

In summarizing this part of his report, Dr. Rapp stated: "It can be concluded with safety that using chlorophyll preparations as oral-hygiene measures can be expected to reduce the lactobacillus acidophilus count of the saliva materially and quickly. This dramatic reduction has been shown to be associated with the use of chlorophyll and not simply with the brushing of teeth alone."

### **Retards acid production by salivary bacteria**

Further evidence of chlorophyll's ability to suppress the formation of acids associated with tooth decay was furnished by the *in vitro* studies of Drs. Hein and Shafer on acid production by salivary bacteria.

In control mixtures of saliva and carbohydrates dissolved in water, a pH of from 3.8 to 4.1 was reached in 24 hours. This continued to decline slowly until the 96-hour period when a low of 3.3 was recorded.

However, when chlorophyll was present, there was no acid production during the first 24 hours, the pH of the mixtures remaining between 7.2 and 7.7. There was little acid production at the 48-hour period (pH's—5.8 to 6.4) and even after 96 hours the pH's were considerably higher than the control samples.

### **EFFECT ON PROTEOLYTIC AND GLYCOLYTIC ENZYMES IN SALIVA**

Chlorophyll's power to retard the proteolysis associated with tooth decay was indicated in a report by Mr. Gurney which covered the inhibiting influence of chlorophyll on the ability of enzymes in saliva to "break down" protein into its end products, as well as to convert glucose into acidic products.

"With a knowledge of the effect of chlorophyll on these two antagonistic activities of the human saliva," he stated, "we may be able to predict the therapeutic usefulness of chlorophyll in combating the disease, dental caries, even though we do not know whether the disease is initiated by accumulation of acids or by destruction of structural proteins, or whether indeed both processes are actively involved in the caries process."

Mr. Gurney's conclusions from the experiments may be partly summarized as follows:

"Concentrations of chlorophyll such as may be obtained by using a tooth paste containing  $\frac{1}{10}$  of 1% chlorophyll (Chloresium), or a mouthwash con-

taining  $\frac{1}{10}$  of 1% chlorophyll, may be expected to have a considerably depressing effect upon both the quantity and rate of acid production from carbohydrates in the oral cavity. In addition, this quantity of chlorophyll may also be expected to inhibit protein degradation in the oral cavity.

### **EFFECT IN REDUCING MOUTH ODORS**

To determine the effect of a chlorophyll-containing tooth paste (Chloresium) on human mouth odors, 45 adult men were instructed by Drs.

### **Effect of Chlorophyll on Experimental Dental Caries**

From an article by Drs. J. W. Hein  
and W. G. Shafer in the  
*Penn. State Dental Journal*, June, 1949

"In conjunction with *in vitro* experiments, tests have been made on experimental dental caries in the Syrian hamster. It has been well established that the hamster, when fed a diet rich in carbohydrate, will readily develop lesions of the teeth which bear a striking resemblance to carious lesions in humans.

"The results of the experiments show a 93% reduction of caries in female hamsters given a 1:500 solution of chlorophyll in the drinking water and a 67% reduction in female hamsters given a 1:1000 solution."

In discussing their findings, Drs. Hein and Shafer state: "There is reason for believing that chlorophyll may have some usefulness in combating dental caries. While on the basis of our present evidence it would be unwise to make any broader claims than that, it is interesting to point out that the evidence submitted to indicate a caries-preventing potential is superior to that so far submitted in support of some actively publicized and widely used caries preventives.

"There is good *in vitro* evidence (prevention of acid production) to suggest the usefulness of chlorophyll, and it has been shown to prevent dental decay in female hamsters. Nor does it have any toxic complications."

(Continued)



Rapp and Gurney to present themselves at six o'clock in the morning after a night of fasting and without any oral-hygiene procedures.

Each subject was then given a new tooth brush and a portion of Chloresium Tooth Paste with which he brushed his teeth. The subject rinsed his mouth once with a small amount of tap water. Mouth odor was then immediately determined. Subjects were then instructed not to eat or smoke for the test period. At the end of 30 minutes and again at the end of 2 hours, the sampling was repeated.

The same procedure was used with a commercial tooth paste in wide public use to give comparison. The commercial paste used was selected after testing three, because it gave the best consistent odor reduction of the three.

#### *Mouth odors eliminated*

Considering a factor of 3 to be objectionable, as has been determined in other tests, essentially all the subjects had objectionable breath odor before the tests. Immediately after the test, the Chloresium Tooth Paste was able to lower the odor concentration to a factor of about 1.3. The commercial paste lowered the concentration only to approximately 3.3.

Thirty minutes after the test with Chloresium Tooth Paste, the odor concentration had risen to approximately 1.7, still considerably below the objectionable point. In the case of the commercial paste, the odor concentration had risen to approximately 3.5. By the end of two hours, the odor concentration in the case of Chloresium was still not objectionable, whereas the commercial paste test showed an average concentration of 4.0.

In summarizing these tests, Dr. Rapp stated: "We may draw this general conclusion: that chlorophyll-containing tooth paste is able to reduce objectionable mouth odors

to a minimum that is far below the values achieved by using a control paste, and further more that there is substantial inhibition in the return of an objectionable odor to mouth treated with chlorophyll-containing tooth paste."

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The tooth paste used in these tests is Chloresium, the only dentifrice which incorporates the water-soluble derivatives of chlorophyll "A".

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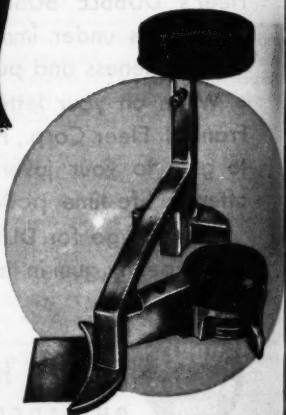
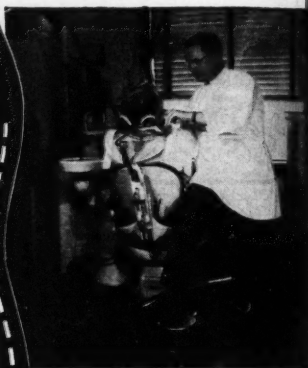
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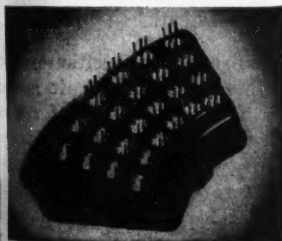
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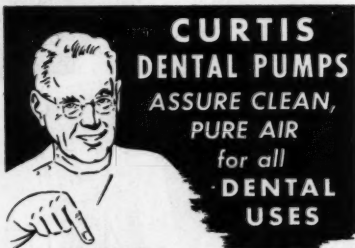
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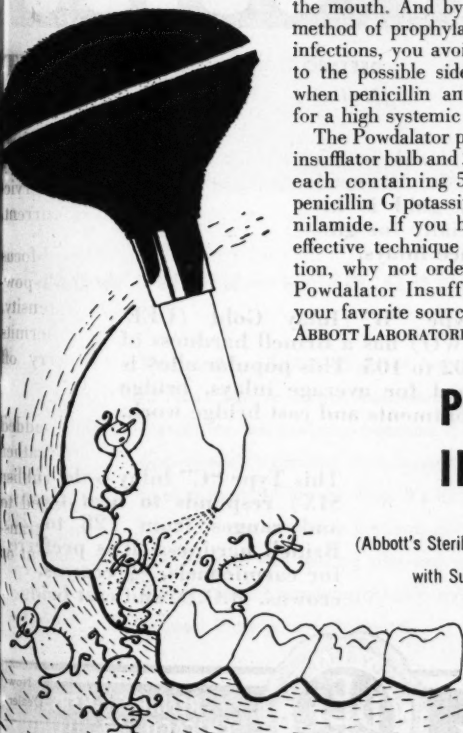
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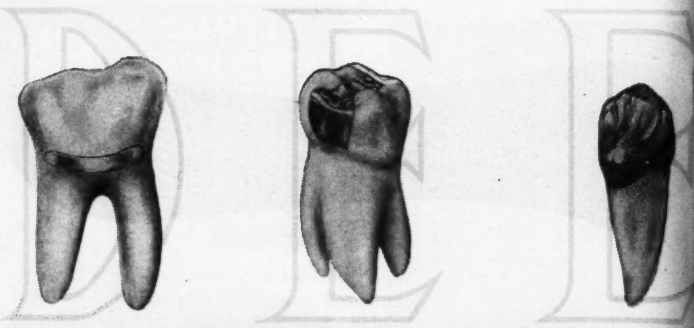
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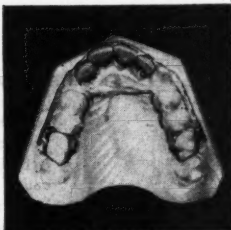
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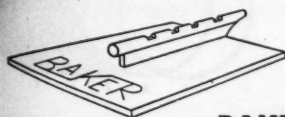
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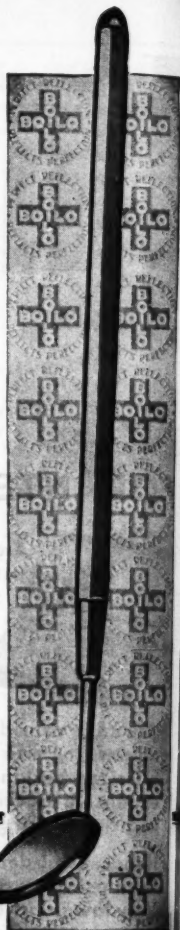
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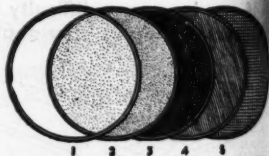
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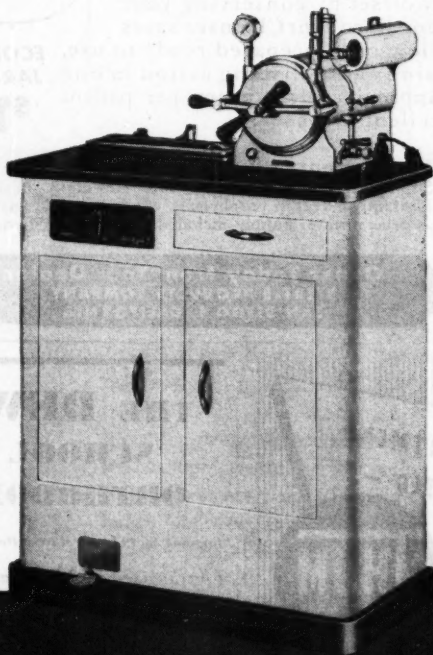


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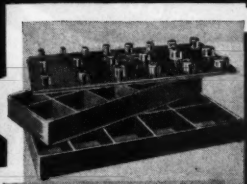
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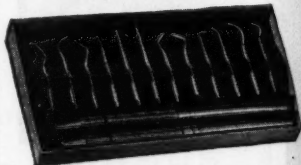
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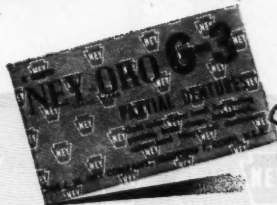
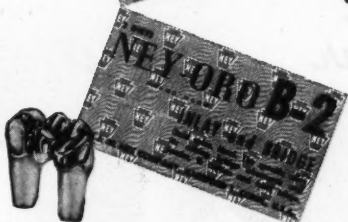
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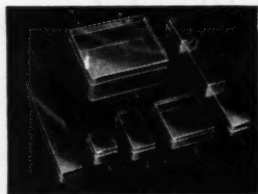
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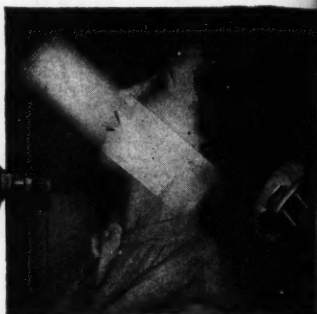
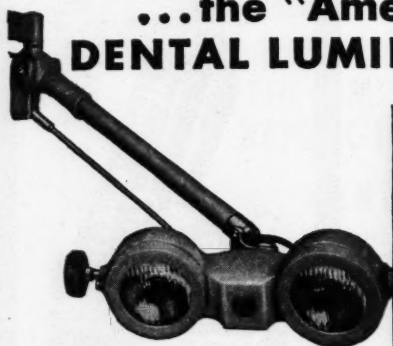
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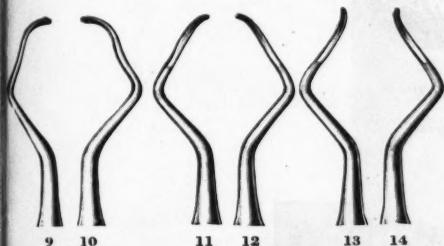
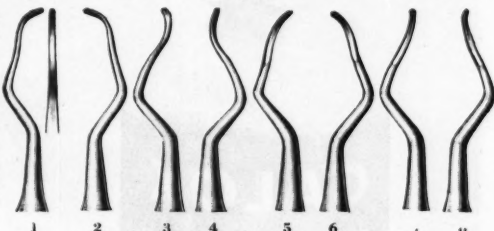
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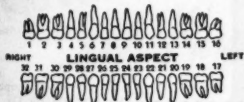
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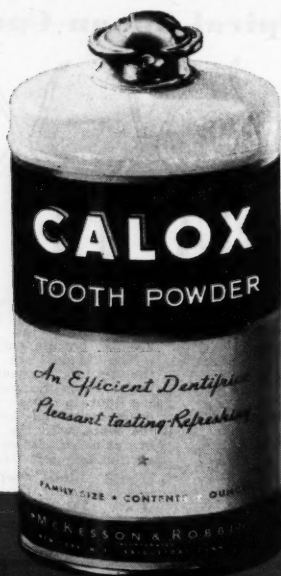
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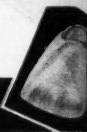


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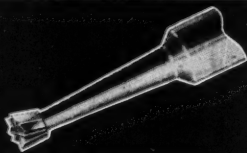
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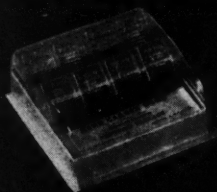
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You can now get an Assorted Package of Nos. 4, 6; 37, 39; 558, 559; 701 and 702 Right Angle Kerr Carbex Tungsten Carbide Burs . . . Plus a Kerr High Speed Pulley (which increases RPMs 40%) or a Plastic Instrument Block (which holds 20 Burs) . . . all for **\$13.90!**  
—An additional large saving!



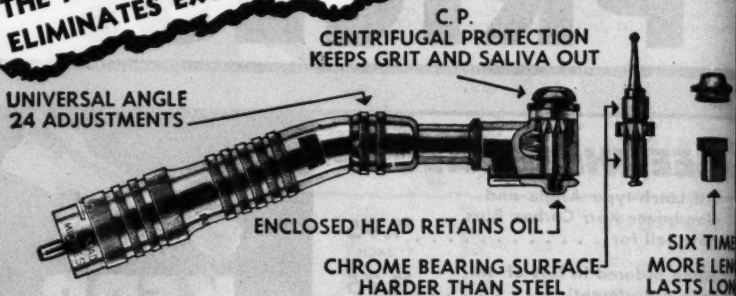
**METALLURGICAL MAGIC**

To Work Wonders In Your Able Hands

**MIDWEST DENTAL MFG. CO.'S  
LATEST DISCOVERY MORE THAN  
DOUBLES HANDPIECE LIFE!!!  
THE NEW C.P. CONTRA ANGLE  
ELIMINATES EXCESSIVE WEAR**

**COA**

**PREPARES CAVITIES  
FASTER, WITH LESS  
PATIENT DISCOMFORT  
LESS EXPENSE AND  
WITH TOP PRECISION**



**MIDWEST DENTAL MFG. CO. 44st**

**BAKER**

**PUM-ROUGE  
POLISHING WHEELS**

**REMOVES SCRATCHES—POLISHES BEAUTIFULLY—WORKS QUICK  
ON ALL METALS, TEETH, AMALGAM AND SYNTHETIC FILLINGS**



Specify Pum-Rouge Polishing Wheel if you want to work faster and get a smooth, lustrous polish on metal structure, chrome alloys, gold inlay, amalgam and synthetic fillings.

They wear so well, no need for frequent renewals. They work equally well, in or out of the mouth.

Order your supply today! Ask your Dealer for Baker Products.

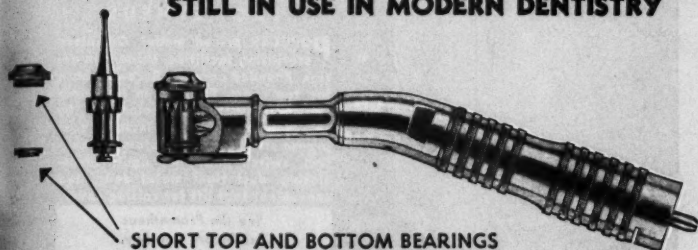
**BAKER & CO., INC.**  
850 PASSAIC AVENUE  
EAST NEWARK, NEW JERSEY

**XUM**

# DARE

## 1894 STYLE

**CONVENTIONAL CONTRA-ANGLE  
STILL IN USE IN MODERN DENTISTRY**



**44st Rice Street, Chicago 51, Illinois**

## XRM SHOCKPROOF DENTAL X-RAY UNITS



**PERFORMANCE  
SAFETY  
EASE OF OPERATION  
BEAUTY OF DESIGN**

**"No other X-Ray  
offers so much for  
so little in cost."**

**Write for Illustrated Literature**

**X-RAY MFG. CORP.  
OF AMERICA**

**141 5th Ave., New York 10, N.Y.**

**FOR  
TEMPORARY STOPPING  
JACKET CROWNS CEMENTING  
INLAYS, BRIDGES, ETC.**



**FAST SETTING—DURABLE**

***Easily Applied — Stays in Place  
Easily Removed***

**TEMPAK** is a new departure in dental cements. It is easy to use. It contains no acid. It is non-irritating. **IT CAN BE APPLIED WITH THE FINGERS.** It is easily removed.

**TEMPAK** sets hard. It is not brittle. It is easily carved. It does not crumble. It is plastic when applied.

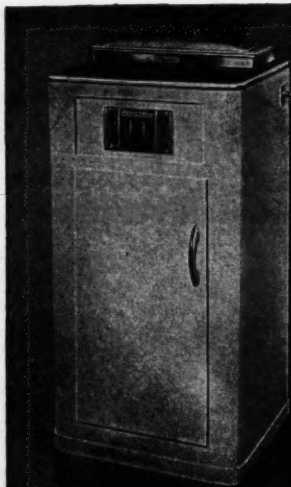
**TEMPAK CONTAINS BASIC INGREDIENTS  
OF WONDRAK**

**AT YOUR DEALERS**

**Pioneering the development of  
dental products since 1920.**



**San Francisco, Cal.**



## THE REGENT CABINET STERILIZER

Designed for Dentists  
by  
**PROMETHEUS**

**P**OPULAR priced model. Complete sterilizing facilities. Modern in design. Rounded corners. Recessed base for toe room. Finished in porcelain enamel in all standard colors. 16" by 14". Special features include cast bronze sterilizer with automatic control, switch and pilot light, silent-closing, dust tight metal door, and convenient foot-lift for raising cover.

See the Prometheus  
line before you buy.

Consult your dealer.

**PROMETHEUS**

ELECTRIC CORP. 401 WEST 13TH ST. NEW YORK 14

## USE STIM-U-DENTS PERSONALLY

They are so convenient and pleasant to use after meals, and are employed with excellent results as an aid to the prevention and treatment of PYORRHEA and GINGIVITIS — Please enclose professional card with coupon.



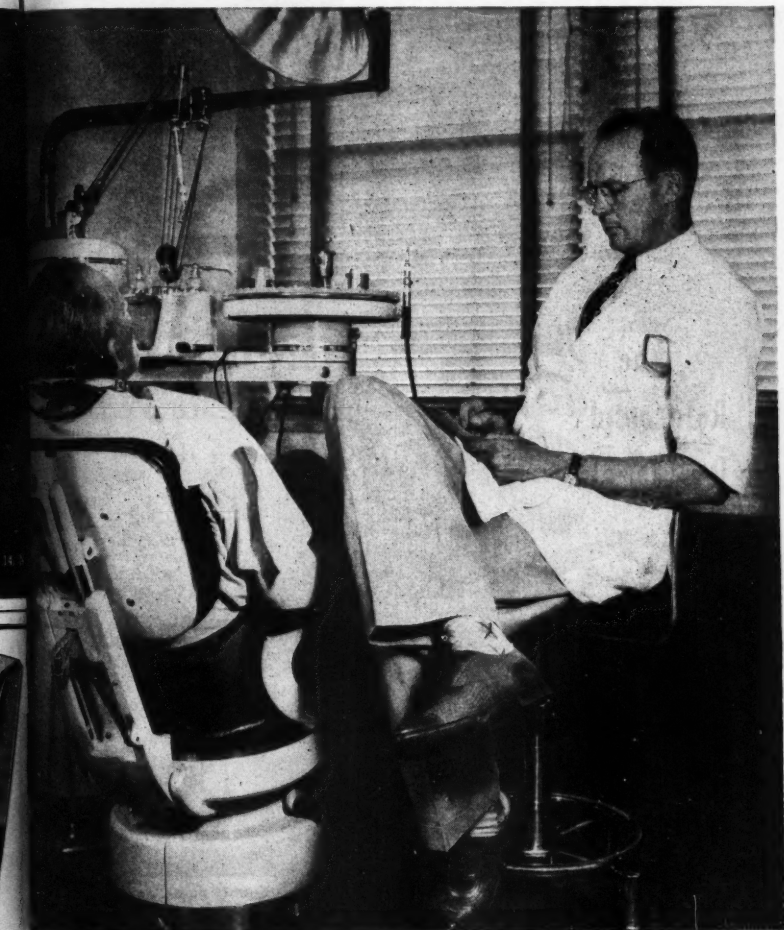
54 Alfred  
Street

**STIM-U-DENTS**

Detroit 1,  
Michigan

- ☐ Send STIM-U-DENTS for personal trial.
- ☐ Send Free Samples for patient distribution.
- ☐ Enclosed find \$1. Send 100 Special Packets (like cut) designed exclusively for dentists. Also used as wedges.

DR. .... (Please Print) .....  
STREET AND NO. ....  
CITY ..... ZONE ..... STATE .....



It's Easy To Work And Rest With The CHILDS' POSTURE COMFORT CHAIR . . . Now Available Through Your Dental Dealer.

**CHILDS MANUFACTURING CO.**

503-6 Bankers Insurance Bldg.  
Macon, Georgia

At  
Ease!....

Hundreds of dentists have discovered it to their delight! They now operate more quickly, more easily, while sitting in utmost comfort on

the  
Rolaround  
Dentaseat

with its  
Swinging Arm  
Seat Mount

This Swinging Arm Seat Mount gives 8-inch, straight line, "hands-off" seat movement to and from the chair. The Rolaround Dentaseat *alone* provides this long-desired facility of motion. Enjoy the many comforts of the Rolaround Dentaseat!

**\$85.00** anywhere in the U.S.A.  
We pay transportation

You won't have to "get used to it". Simply operate as usual, but sit down and

Relax!....

See it at your dealers, or write to the manufacturer, giving name of dealer.

**Mc CALDRY, Inc.,**  
5214 East 12th St., Oakland 1, California



This is it!

The Smart Long Wearing

**NYLON COAT**

that

**SAVES**

more than its cost  
in weekly

**LAUNDRY BILL**



- Fine quality pure Nylon
- Standing collar-pleated back
- Laundry-proof separating side zipper opening
- Roomy breast pocket with built-in instrument compartment
- Sizes 34 to 46

A reg. \$12.98 value

only **\$8.50**

**MONEY  
BACK**  
In 10 days  
returned in  
original condition

**DIRECT FROM OUR FACTORY**

**MEDI-KOTE CO., Inc.**  
Dept. H4, ROCKVILLE CENTRE, N.Y.



*Checks* **VIBRATION**  
*at its source!*

... TAPER SHANK IN TAPER

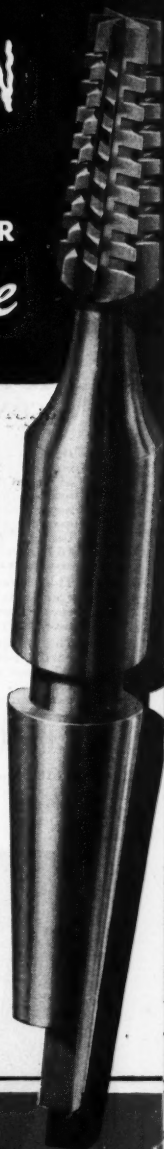
SEAT *Can't wobble*

*That's Why* **MORE AND  
MORE DENTISTS ARE USING  
CUTWELL *Taper Shank* BURS  
and CUTWELL *Taper Shank*  
DIAMOND INSTRUMENTS ...**

Users will tell you that the vibrationless, feather-touch cutting action of these automatically true-running instruments not only enhances operating precision, but minimizes the principal causes of pain in cavity preparation—frictional heat and vibration. To dentists, and to their patients, the benefits are obvious.

**R&R**

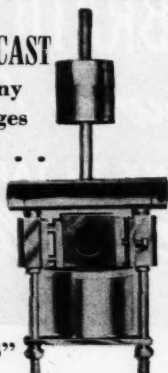
**THE RANSOM & RANDOLPH CO.  
TOLEDO, OHIO**



## The ELECTROCAST

has many  
advantages

.....  
"MELTS  
AND  
CAST  
IN 8  
TO 30  
SECONDS"



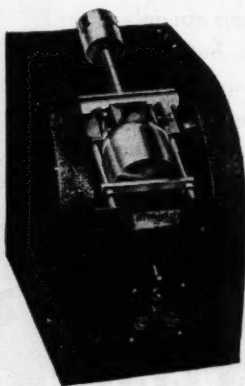
Here is a desirable and advantageous method of casting, we believe, will be of interest to every dentist and laboratory owner. The *Electrocast* way means (1) direct electric melt; (2) cast by centrifugal force; (3) fast fusing; (4) oxidation minimized; (5) saves precious metal; (6) increases casting density.

The *Electrocast* carbon crucible (made to our specifications) holds enough precious metal for full denture. Easy to operate.

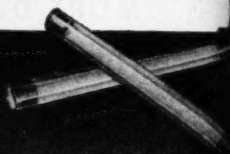
The *Electrocast* is economical, no costly parts to burn or wear out. Why not write for detailed literature today . . . No cost or obligation, or ask your dealer for a demonstration.

## ELECTROCAST CO.

1115 Stonewall St., Dallas, Texas



## Proco-Sol ANESTHETICS



PROCAINE HYDROCHLORIDE  
with Neo-Synephrine 1:2500

PNS-PROCAINE HYDROCHLORIDE  
3% with Neo-Synephrine 1:2500

PROCAINE HYDROCHLORIDE 2%  
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PROCAINE HYDROCHLORIDE 2%  
with Epinephrine 1:50,000

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with Epinephrine 1:25,000

PROCO-SOL CHEMICAL COMPANY  
PHILADELPHIA 39, PA.

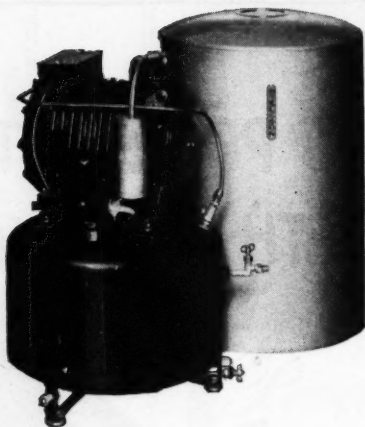
# HELPS PROTECT THE TEETH AND GUMS!



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**DEO NICOTEA**  
Crystal Filter Cigarette Holder

The nicotine and tars trapped by  
Denicotea *never reach the oral cavity.*  
Moreover, the smoke is cooled in passage.  
*Thus cigarette stain and gum irritation are  
effectively reduced.*

**PROFESSIONAL INTRODUCTORY OFFER:** Write  
for Denicotea Holder, \$1.00 postpaid, (regular  
price \$2) Lady Denicotea, \$1.75, (regularly \$3.50)  
Alfred Dunhill, Dept O, 660 Fifth Ave., N. Y. 19



**If you want silent  
trouble-free Compressors . .**

The two new McKesson #580 or 581 Compressors give you new high standards in the two qualities you want most—quietness and freedom from trouble.

When you stand beside one, you can't hear it. Lean over with your ear close to the Compressor—then maybe you'll hear it!

When you install it, check the oil level occasionally. That's all! Trouble-freedom with a capital "T"!

For more information, write for our new Compressor Pamphlet.

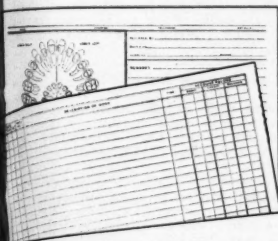


**DR. VERRIE WYSE SAYS:**

*They're so easy to use...  
so complete and accurate.*

# HISTACOUNT

## PATIENTS' RECORD FORMS



Note how the "Histacount" folder-style folds to hold continuation sheets and other papers.

Thousands of dentists use and approve "Histacount" forms. Every year thousands of other dentists "discover" these records. Their overwhelming popularity and general acceptance are their best testimonial

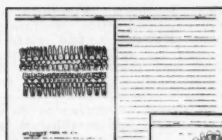
### THE POPULAR FOLDER STYLE

These forms provide twice as much record space as standard cards yet take no more room. They fold (to card size) to hold other data pertaining to your patients and to fit into standard card files.

*For painless record keeping*

### CARD STYLE FORMS

For the dentists who prefer card-size records, there are fine quality patients' record forms and examination sheets printed in orange and black in both the 5" x 8" and 4" x 6" sizes.



At left  
Form D1A



At right  
Form D1

#### SAMPLES AND FOLDER ON REQUEST:

Actual samples of these forms are yours upon request. No charge or obligation.

**PROFESSIONAL  
PRINTING COMPANY, INC.**

*America's Largest Printers to the Professions*  
202 TILLARY ST., BROOKLYN 1, N. Y.

PROFESSIONAL PRINTING CO., INC.  
202-208 Tillary St., Brooklyn 1, N. Y.

Please send samples of these forms and copy of descriptive folder of dental forms.

Dr. \_\_\_\_\_ Degree \_\_\_\_\_

STATIONERY • HISTACOUNT PRODUCTS  
PRINTING • RECORDS • FILES & SUPPLIES

10c per word, initials and figures used each counting as one word. Please send remittance with your order.

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Restricted-to-help-and positions wanted, and practices wanted, and practices for sale. The minimum charge is \$1.

**FOR SALE:** Due to the recent death of Dr. Earl C. Alldritt, I am offering his fully equipped office and practice established here eighteen years. Excellent location, large practice, very reasonable. Mrs. Earl C. Alldritt, 228 N. Clifton Ave., Wichita 8, Kan.

400 to 900 square feet of space available on lease for dental office, ground floor, separate street entrance, north light. Will alter to suit. Hotel Embassy, 154 W. 70th St., New York City.

**FOR SALE:** Two-chair office and practice located in a central Illinois city of twenty thousand. "350" Oral Hygiene, Pittsburgh, Pa.

**FOR SALE:** Beautiful colonial type home and dental office combined; nine rooms and bath; besides office, also large sleeping porch and recreation room in basement; lot 99x166; two-car garage; new roof on house and barn; coal stoker. Located near main business section and on best residential street in town. Everything in A-1 condition. Excellent cash practice. Possession immediately. Price, twenty thousand dollars, less than cost of the home. Dr. M. D. Baxter, 425 Park Ave., Waverly, N.Y.

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**FOR SALE:** Very reasonable, dental practice; two-chair office fully equipped. Good location in eastern Ohio. Large drawing population. Low overhead. "354" Oral Hygiene, Pittsburgh, Pa.

**FOR SALE:** Southern Wisconsin dental practice. Fully equipped office, laboratory and reception room. Extraction and plate work specialty. Reason for selling, ill health. Dr. C. A. Atwood, 408 Goodwin Block, Beloit, Wis.

**WANTED:** A dental technician to do crown and bridge work. Old and established laboratory, in business for fifty years. "355" Oral Hygiene, Pittsburgh, Pa.

**FOR SALE IN BUFFALO, N.Y.** Practice established thirty years in downtown Buffalo, and full equipment including Ritter X-ray, furniture, all operative and lab instruments. Adjoining apartment available with office rental. Excellent opportunity for young man. Due to death. Mrs. Sherman Alvord, 180 Cleveland Ave., Buffalo, N.Y.

**WANTED:** A dentist for Berkeley Springs, W.Va. Consult Dr. A. Huffman, Berkeley Springs.

**WANTED:** Dental hygienist, Indiana license. Modern ethical two-chair office in Fort Wayne, Indiana. Population one hundred forty thousand. Please state experience and salary desired in first letter. "35" Oral Hygiene, Pittsburgh, Pa.

**FOR SALE:** Dental practice and fully equipped modern office in prosperous south-eastern Minnesota town of eighteen hundred. Good location, low rent and utilities. Small apartment available. Price reasonable. Reason for sale: death. Write Mrs. Toska Fieck, Plainview, Minn.

**WANTED:** We are looking for new items patented or otherwise. If you have an item of equipment or a gadget, made of metal or plastic, that you consider meritorious, (it need not be dental) contact us. Southwestern Specialty Co., P.O. Box 3506, Station A, El Paso, Texas.

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**SELLING YOUR PRACTICE:** Why not also use the classified columns of The Dental Students' Magazine? National circulation 10,200 monthly. This includes over 3,000 recent dental graduates (U.S.A. and Canada). Many of these readers are looking for an opportunity such as you have to offer. Our rates, \$3.00 for 50 words or less. 10c per word additional; check with order. Write Dental Students' Magazine, 125-5th Ave., Clinton, Ia.

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**FOR SALE:** Dental practice and equipment, Grand Rapids, Michigan. Details furnished. "359" Oral Hygiene, Pittsburgh, Pa.

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KARB-O-DENT will NOT discolor and may be used in Anterior Teeth under Silver fillings as well as Posteriors. It is the THYMOLIZED OXY-ET-GENOL Cement that gives effective protection and prevents thermal changes. The liquid has the most convenient dropper available. Start n-line KARB-O-DENT today and KNOW the DIFFERENCE. Large package at only \$2.00.

### WETHERILL

### PULP CAPPER

Wetherill Products Co., A. DON, OHIO



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No matter what other Spotlight you have now . . . no matter how long you have had it . . . the new PANO-VISION Light will help your vision, conserve your energy, improve your dentistry, save your eyes.

These are facts, based on sound principles of optics and proven by the experience of thousands of users—men who have learned by experience that Castle leads in professional lighting.

For full details of the PANOVISION Light, see your Castle dealer or write: Wilmot Castle Company, 1122 University Ave., Rochester 7, New York.

*Castle* LIGHTS AND STERILIZERS



# STAY *fresher* IN A FULLER SMOCK

— You'll look nicer  
...longer in Fuller's fine smocks.  
Made of fine silky poplin, luxurious  
oxford cloth or deluxe Dupont nylon.

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No. 159

Our guarantee for 25  
years: Your money back  
if not fully satisfied!

No. 158

**MAIL TODAY**

FULLER UNIFORM CO., 2009 1/2 Main St., Dallas, Texas

Please send Style No. \_\_\_\_\_ Size \_\_\_\_\_ Style No. \_\_\_\_\_ Size \_\_\_\_\_

Style No. \_\_\_\_\_ Size \_\_\_\_\_

A free pair of nylon hose if you order three or more smocks...

Name \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_

Check ☐ C.O.D. ☐

Send me other styles... ☐



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- A STERILE BRUSH  
FOR EACH PATIENT
- INTERCHANGEABLE  
IN SECONDS
- NO SET SCREWS
- BRASS WIRE  
BRISTLES
- CLEANS BUR  
IN A JIFFY
- FITS ALL TYPES  
OF ENGINES
- CAN BE BOILED  
INDEFINITELY

CLIP AND MAIL TODAY!

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Gentlemen: Please forward to me  
...set(s) of Normandy Bur Clean-  
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- ☐ RITTER ☐ S.S. WHITE ☐ WEBBER
- ☐ C.O.D. ☐ CHECK ENCLOSED

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

## IT'S COOLER...IT'S FASTER...IT'S THE MODERN WAY

At last a brush that can be sterilized over and over, one that  
can be easily changed without the need of a screwdriver...  
just a twist and it's on or a twist  
and it's off. For a faster, cooler  
cavity preparation, use a Nor-  
mandy Bur Cleaning Brush.

ONLY  
SET OF FOUR  
BRUSHES and  
ADAPTOR **\$9<sup>55</sup>**

Send Direct or Through Your Dealer

# SAVES AT LEAST $\frac{1}{3}$ CHAIR TIME ... ALLEVIATES PAIN **THERM · Ex SPRAY**

REG. U. S. PAT. OFF.

**by** ... directing its fine atomized, water spray upon bur, diamond and other abrasive instruments.

**to** ... abolish frictional heat ... remove debris from cavity ... avoid thermal shock ... eliminate anesthetic in many instances ... provide clear visibility ... divert patient's attention.



## OPERATED BY PATIENT

Therm · Ex Atomizer fits your spray bottle, and is connected by rubber tubing to spray attachments. Patient presses air cut-off when feeling pain or upon your direction.

## OPERATED BY DUAL CONTROL

Equipment becomes integral part of your unit. Synchronized with your engine, spray starts and stops only with foot controller. You may create spray independently of patient, or patient may participate by pressing his hand-switch, or spray may be completely shut off.



Does not flood mouth — saliva ejector unnecessary. No debris ground into tooth structure. Prolongs efficiency of bur, diamond, stone, disc and other abrasives.

Spray attachments quickly snap on or off contra-angle or straight handpiece—are small and un-cumbersome—do not interfere with your technique.

**NOTE:** Your Therm · Ex Spray may be converted to Dual Control in a matter of minutes by ordering necessary accessories.

*\*Full information and illustrated literature from your dealer or by writing Hanau.*



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BUFFALO 8, N. Y.

The New

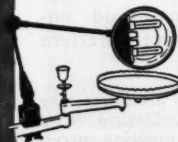
**PRENCO**

# GERMICIDAL BARRIER

## Protects Sterilized Instruments



The very short or bactericidal ultra-violet rays (2537A) of the New Prencol Germicidal Barrier are your best protection against new contamination of sterilized instruments. Protects both by direct radiant energy and by establishing relatively germ-free air barrier around instruments. Write today for complete literature or see your dealer.



The New Prencol Germicidal Barrier uses the G4T4 germicidal bulb which is APPROVED BY THE A.M.A. COUNCIL ON THERAPEUTICS.

**PRENCO**

**Products**

**Professional Engineering Co.**  
174 LINDALL AVE., LEOMINSTER, MASS.

For better impression trays and base plates use the new Prencol Swedger.

# POWER MIX



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## SIMPLE, PRECISE DENTO-PROFILE SCALE

Establishes all key pre-extraction dimensions; Assures restored facial contour after extraction.

With Record Charts.....\$1.00

**DENTO-PROFILE SCALE COMPANY**

FOND DU LAC WISCONSIN

# Rescent Polishers

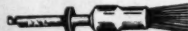
PATENTED



Won't Come Loose

Assures Safety for Patient

Protection for YOU



rescent DENTAL MFG. CO.

1839 S. Pulaski Road  
Chicago 23, Illinois



**THEN** I DISCOVERED  
THE HOWARD CABINET!

Dentists write that after a busy, arduous day, just ten minutes of relaxation in the Howard Cabinet releases them from nervous tension. You too can streamline your body, cleanse the skin and relax taut nerves.

Your wife will love it too!

**The Howard Cabinet**

DEALER INQUIRIES INVITED

Write for full information without obligation

THE HOWARD CABINET, DEPT. OH1  
1715 W. 6th ST., LOS ANGELES 14, CAL.

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_

The New **PRENCO**

**SWEDGER**

From Model to  
Base Plate in  
just 3 minutes!



\*From the design of Dr. Lloyd Blanchard

Check these advantages:

- ➡ 3 Simple Operations
- ➡ Positive Adaption
- ➡ Uses New Acrylic Thermoplastic that is Fully Transparent, Lighter and Much Stronger
- ➡ Better Impression Trays for most any technique

Write today for complete literature or see your dealer.

**PRENCO**

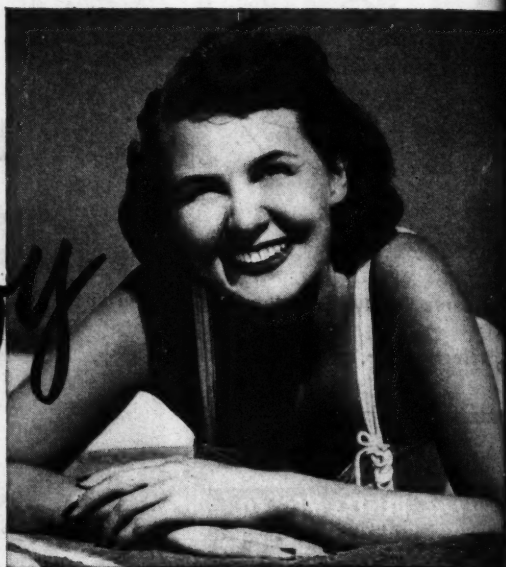
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Professional Engineering Co.  
174 LINCOLN AVE., LEOMINSTER, MASS.

Prenco Germicidal Barrier makes a good impression on your patients.

your  
patients  
can

*enjoy*



## this aid to oral health

### references

1. Bridges, M. A.: *Dietetics for the Clinician*, Lea & Febiger, 4th ed., 1941. 2. Gordon, E. S.: *Nutritional and Vitamin Therapy in General Practice*, Year Book Pub., 3rd ed., 1947. 3. Rose, M. S.: *Rose's Foundation of Nutrition*, rev. by MacLeod & Taylor, Macmillan, 4th ed., 1944. 4. Schnurman, A. G.: *Virginia Med. Monthly*, 74:21, 1947. 5. Sheiman, H. C.: *Chemistry of Food and Nutrition*, Macmillan, 7th ed., 1946.

*\*citrus fruits—among the richest known sources of vitamin C—also contain vitamins A, B<sub>1</sub>, and P, readily assimilable fruit sugars, and other factors such as iron, calcium, citrates and citric acid.*

The nutritional impetus of a balanced diet to the development of sound teeth and gums may be greatly implemented by the routine inclusion of citrus fruits. Their wealth of vitamin C, which so markedly benefits good tooth formation,<sup>2,3</sup> periodontal integrity and gingival health<sup>4,5</sup>—plus other nutritional factors\*—make their daily consumption in generous quantities a highly important dental desideratum.

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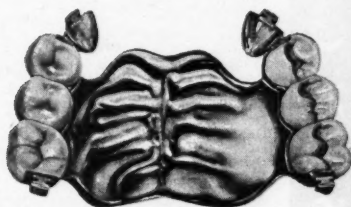
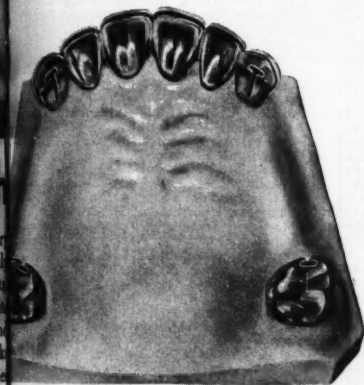
## TYPICAL PRECISION ATTACHMENT PARTIAL DENTURE — CASE F



THE CASE  
AS PRESENTED

Since laterals were too small to accommodate attachments within their contour, cuspids were restored as a cantilever accommodating **STERN Precision Attachments**, Type 7, size .096. Cuspids, laterals and centrals were constructed as a single fixed unit\* using **STERN 2 Inlay Gold**.

Molars were prepared for full cast crowns accommodating **STERN Precision Attachments**, Type 7, size .125. **STERN 2** was used for crowns, and **STERN 3 Partial Denture Gold** for saddles.



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fixed bridgework principles into your  
valuable restorations by using *Stern*  
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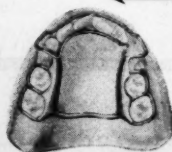
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ESTABLISHED 1897

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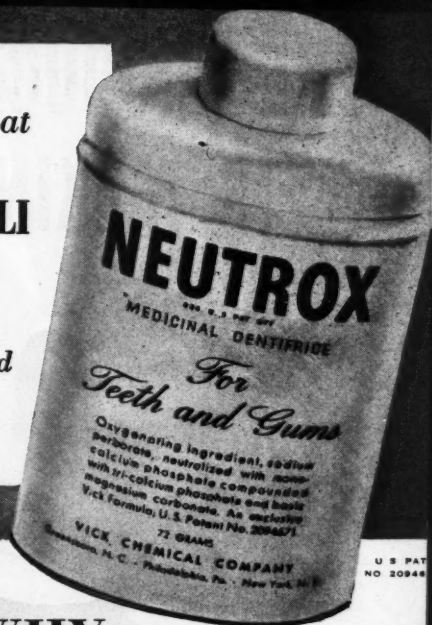
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**—the organisms associated  
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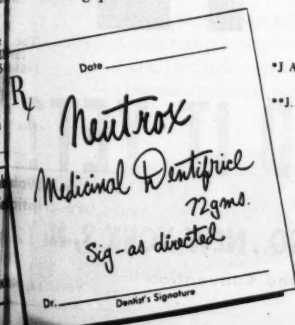
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36:385, 1947  
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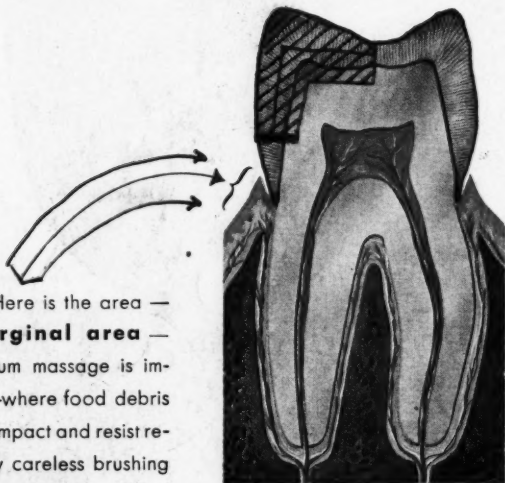
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